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TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10834 **CERTIFICATE OF DEATH**

10800

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Frederick</u>		STATE <u>Maryland</u>		COUNTY <u>Frederick</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Emmitsburg</u>		LENGTH OF STAY (In this place) <u>59 yrs.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Emmitsburg</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>West Main</u>		STREET ADDRESS (If rural give location) <u>West Main</u>					
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>Joseph</u> (Middle) <u>Dwen</u> (Last) <u>Adelsberger</u>				(Month) <u>November</u> (Day) <u>17</u> (Year) <u>1955</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July, 20, 1896</u>	9. AGE last birthday <u>59</u> yrs.	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>		11. BIRTHPLACE (State or foreign country) <u>Emmitsburg, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Francis Adelsberger</u>				14. MOTHER'S MAIDEN NAME <u>Jennie Baker</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>7/25/17-6/4/19 220-09-8131</u>		17. INFORMANT & ADDRESS <u>James O. Adelsberger, Emmitsburg, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A) <u>443X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>18 mo</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Hypertensive Cardio Vascular Disease</u>				<u>several years</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u> </u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION <u> </u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u> </u>			
22. I hereby certify that I attended the deceased from <u>Nov 14, 1955</u> to <u>Nov 17, 1955</u> , that I last saw the deceased alive on <u>Nov 14, 1955</u> , and that death occurred at <u>1:30</u> M., from the causes and on the date stated above.							
SIGNATURE <u>W. K. Cagle</u>				ADDRESS (Street, city, town, state) <u>Emmitsburg, Md.</u>			
DATE SIGNED <u>11-18-55</u>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Nov. 19, 55</u>		NAME OF CEMETERY OR CREMATORY <u>St Josephs Catholic</u>		LOCATION (City, town, or county) (State) <u>Emmitsburg, Maryland</u>	
24. REC'D BY REGISTRAR <u>NOV 21 1955</u>		REGISTRAR'S SIGNATURE <u>A. H. Hedrick</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>S. L. Allison</u>		ADDRESS <u>Emmitsburg, Md.</u>	
				S. L. Allison			

10200

1928 CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

EDUCATION

OCCUPATION

RELIGION

ETHNIC ORIGIN

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

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PLACE OF DEATH

CAUSE OF DEATH

BUREAU V. S.

NOV 21 1955

RECEIVED

RECEIVED

10798 CERTIFICATE OF DEATH

Reg. Dist. No. 10801

10801

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Frederick</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Montgomery</u>
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Frederick</u>	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Baithersburg Md.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Hospital</u>		STREET ADDRESS (If rural give location) <u>15X-2</u>	
3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) <u>Mr. Lena</u>	(Middle) <u>All</u>	(Last) <u>nut</u>	(Month) <u>Nov.</u> (Day) <u>8</u> (Year) <u>1955</u>
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>married</u>	8. DATE OF BIRTH: <u>JULY 25 1883</u>
9. AGE last birthday: <u>72</u> yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Own Home</u>	
11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Luther D. wall</u>		14. MOTHER'S MAIDEN NAME: <u>Ida. Brady</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <u>9-</u>		16. SOCIAL SECURITY No.: <u>—</u>	
17. INFORMANT & ADDRESS: <u>Hosp. Record</u>			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
<p>157X Immediate cause (a) <u>Carcinoma of the Pancreas with</u></p> <p>Antecedent causes (s) (b) <u>metastases to Liver</u></p> <p>Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c)</p>			
11. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION: <u>None</u> 19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) <u>—</u> SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Oct 13</u> , 19 <u>55</u> , to <u>Nov 8</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Nov 8</u> , 19 <u>55</u> , and that death occurred at <u>8:30 AM</u> , from the causes and on the date stated above.			
SIGNATURE <u>A. A. Pearce, M.D.</u> (Degree & title)		ADDRESS <u>Frederick Md.</u> DATE SIGNED	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>Nov. 11, 1955</u>	
NAME OF CEMETERY OR CREMATORY <u>Laytonsville Cent</u>		LOCATION (City, town, or county) (State) <u>Laytonsville Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>8 Nov. 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth G. Heck</u>	
24. FUNERAL DIRECTOR <u>Ray W. Barber</u>		ADDRESS <u>Laytonsville Md.</u>	
<u>Dr. Francis H. Barber.</u>			

MARGIN RESERVED FOR BONDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

BUREAU V. S.

NOV 10 1955

RECEIVED

INSTRUCTIONS

1

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10835

CERTIFICATE OF DEATH

10802

Reg. Dist. No. 13

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Frederick		STATE Maryland		COUNTY Frederick			
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick - Rural		LENGTH OF STAY (in this place)		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick County Home			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Chronic Hospital				STREET ADDRESS (If rural give location) West of Frederick			
3. NAME OF DECEASED (First) (Middle) (Last) HARVEY WILLIAM ANGELL				4. DATE OF DEATH (Month) (Day) (Year) November 13 1955			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH March 17, 1886		9. AGE last birthday 69 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman		10b. KIND OF BUSINESS OR INDUSTRY County Home		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Edward Angell				14. MOTHER'S MAIDEN NAME Annie Whitmore			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. 214-10-3402		17. INFORMANT & ADDRESS Franklin L. Angell-Walkersville-Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
156.1 IMMEDIATE CAUSE (A) Carcinoma Liver						2 yrs.	
ANTECEDENT CAUSE(S) DUE TO (B) Metastases in intestines						2 yrs.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov 13, 1955</u> to <u>Nov 13, 1955</u> that I last saw the deceased alive on <u>Nov 13, 1955</u> and that death occurred at <u>3:40 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <i>H. F. Kline</i>		M. D. <i>Frederick Md</i>		ADDRESS (Street, city, town, state) <i>Frederick Md</i>		DATE SIGNED <i>11/17/55</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Nov. 15, 1955		NAME OF CEMETERY OR CREMATORY Keysville Cemetery		LOCATION (City, town, or county) (State) Keysville, Maryland	
24. REC'D BY REGISTRAR DATE <u>Nov. 1955</u>		REGISTRAR'S SIGNATURE <i>Elizabeth G. Heik</i>		25. FUNERAL DIRECTOR'S SIGNATURE C. E. Cline & Son - Frederick, Maryland			

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 12

10002

Nov 16 1953

1. Name of deceased (Print or write full name)

2. Sex (Male or Female)

3. Date of birth (Month, day, year)

4. Place of birth (City, State, Country)

5. Date of death (Month, day, year)

6. Cause of death (Print or write full name)

7. Signature of physician

8. Signature of registrar

9. Signature of medical examiner

10. Signature of coroner

11. Signature of funeral director

12. Signature of family member

13. Signature of hospital administrator

14. Signature of health officer

15. Signature of registrar

16. Signature of medical examiner

BUREAU V. 2

NOV 16 1953

RECEIVED

Nov 17 1953

Nov 17 1953

17. Signature of health officer

10799

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) 11 TOWN Frederick		LENGTH OF STAY (in this place) Years		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick		11	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 Frederick Memorial Hospital				STREET ADDRESS (If rural give location) 309 West Fifth Street		/	
3. NAME OF DECEASED: (First) (Middle) (Last) HAZEL ANNABELLE BAUMGARDNER				4. DATE (Month) (Day) (Year) OF DEATH: November 12, 1955			
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: October 14, 1898	9. AGE last birthday 57 yrs.	10. IF UNDER 1 YEAR Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY: Home		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Dorsey Waters				14. MOTHER'S MAIDEN NAME: Annabelle Huster			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS: 309 West Fifth Street, Mr. Harry D. Baumgardner, Jr., Frederick, Md.			

18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
250X IMMEDIATE CAUSE		(A) <u>Atelectasis & Broncho-pneumonia</u>	3 days
ANTECEDENT CAUSE (B):		(B) <u>Following Thyroidectomy</u>	3 days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		(C) <u>Colloid Goiter</u>	1 year
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			years.
<u>Chronic Bronchitis</u>			

19A. DATE OF OPERATION: Nov. 9 - 1955		19B. MAJOR FINDINGS OF OPERATION Sub - total thyroidectomy for colloid goiter		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 8, 1955 to Nov. 12, 1955 that I last saw the deceased alive on Nov. 12, 1955 and that death occurred at 7:30 P.M. from the causes and on the date stated above.			
SIGNATURE Frank M. Thornton		ADDRESS Parkwood Bldg., Suters - Ind	
DATE SIGNED 11/12/55			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF Nov. 15, 1955	NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REGISTRAR 14 Nov. 1955	REGISTRAR'S SIGNATURE Elizabeth G. Heck	24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. A.

NOV 18 1965

RECEIVED

10836

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH: COUNTY FREDERICK MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) RURAL LENGTH OF STAY (in this place) 90 HOSPITAL OR INSTITUTION OR STREET ADDRESS VINDOBONA CONVELESCENT HOME				2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY FREDERICK CITY (If outside corporate limits, write RURAL and give nearest town) RURAL, FREDERICK STREET ADDRESS (If rural give location) BRADDOCK HEIGHTS MARYLAND.			
3. NAME OF DECEASED: (Type or Print) ANNA LOUISE BENNETT.			4. DATE OF DEATH: Nov. 20, 1955				
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed.	8. DATE OF BIRTH: May, 31, 1981		9. AGE last birthday: 74 yrs. 5 Months 20 Days 0 Hours 0 Min.		
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife		10b. KIND OF BUSINESS OR INDUSTRY: Housewife		11. BIRTHPLACE (State or foreign country): Massachusetts			
13. FATHER'S NAME: George E. Archer			14. MOTHER'S MAIDEN NAME: Catheryn Henry				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No		16. SOCIAL SECURITY No.: -----		17. INFORMANT & ADDRESS: R. P. Bennett (son)			
18. MEDICAL CERTIFICATION					Interval Between Onset And Death		
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 170X Immediate cause (a) Carcinoma of breast Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO (c)					5 years		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>		
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY		(CITY OR TOWN)	(COUNTY) (STATE)		
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March, 1955 , to Nov. 20, 1955 , that I last saw the deceased alive on Nov. 18, 1955 , and that death occurred at 2 pm , from the causes and on the date stated above. SIGNATURE J. J. Schuchman M.D. (Degree or title) ADDRESS Fred. Frederick Md DATE SIGNED 11/20/55							
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY			
Cremation		21 Nov. 55		Cedar Hill Cemetery			
LOCATION (City, town, or county) (State)		Washington, D.C.					
DATE RECD BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR			
20 Nov. 1955		Elizabeth S. Heck		RE Bailey			
FREDERICK, M.D.							

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

NOV 23 1955

RECEIVED

INSTRUCTIONS

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TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10837 **CERTIFICATE OF DEATH**

Reg. Dist. No. 10805 144

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Frederick		STATE MD		COUNTY Frederick			
CITY OR TOWN Rural Rocky Ridge		LENGTH OF STAY (in this place)		CITY OR TOWN Rural Rocky Ridge			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) Donald (Middle) Franklin (Last) Bentz				(Month) Nov. (Day) 26 (Year) 1955			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Nov. 25. 1955	9. AGE last birthday 1 yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MD.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Thaniel Bentz				14. MOTHER'S MAIDEN NAME Lillian Springer			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. No		17. INFORMANT & ADDRESS Thaniel Bentz, Rocky Ridge MD			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
18. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 921.0 IMMEDIATE CAUSE (A) Asphyxia result of regurgitation of milk ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C)				5 min.			
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov. 25 , 19 55 , to Nov. 26 , 19 55 , that I last saw the deceased alive on Nov. 26 , 19 55 , and that death occurred at 6:25p.m. from the causes and on the date stated above.							
SIGNATURE M. Franklin Buich		M.D.		ADDRESS (Street, city, town, state) Thurmont Md.		DATE SIGNED 11/27/55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Nov. 27. 1955		NAME OF CEMETERY OR CREMATORY St Anthony Cem		LOCATION (City, town, or county) (State) St Anthony. Fredk. Co MD	
24. REC'D BY REGISTRAR Nov. 28, 1955		REGISTRAR'S SIGNATURE Blanche S. Eyles		25. FUNERAL DIRECTOR'S SIGNATURE Raymond E. Greager		ADDRESS Thurmont MD	

BONNIE A. W.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10838

CERTIFICATE OF DEATH

10806

Reg. Dist. No. 131

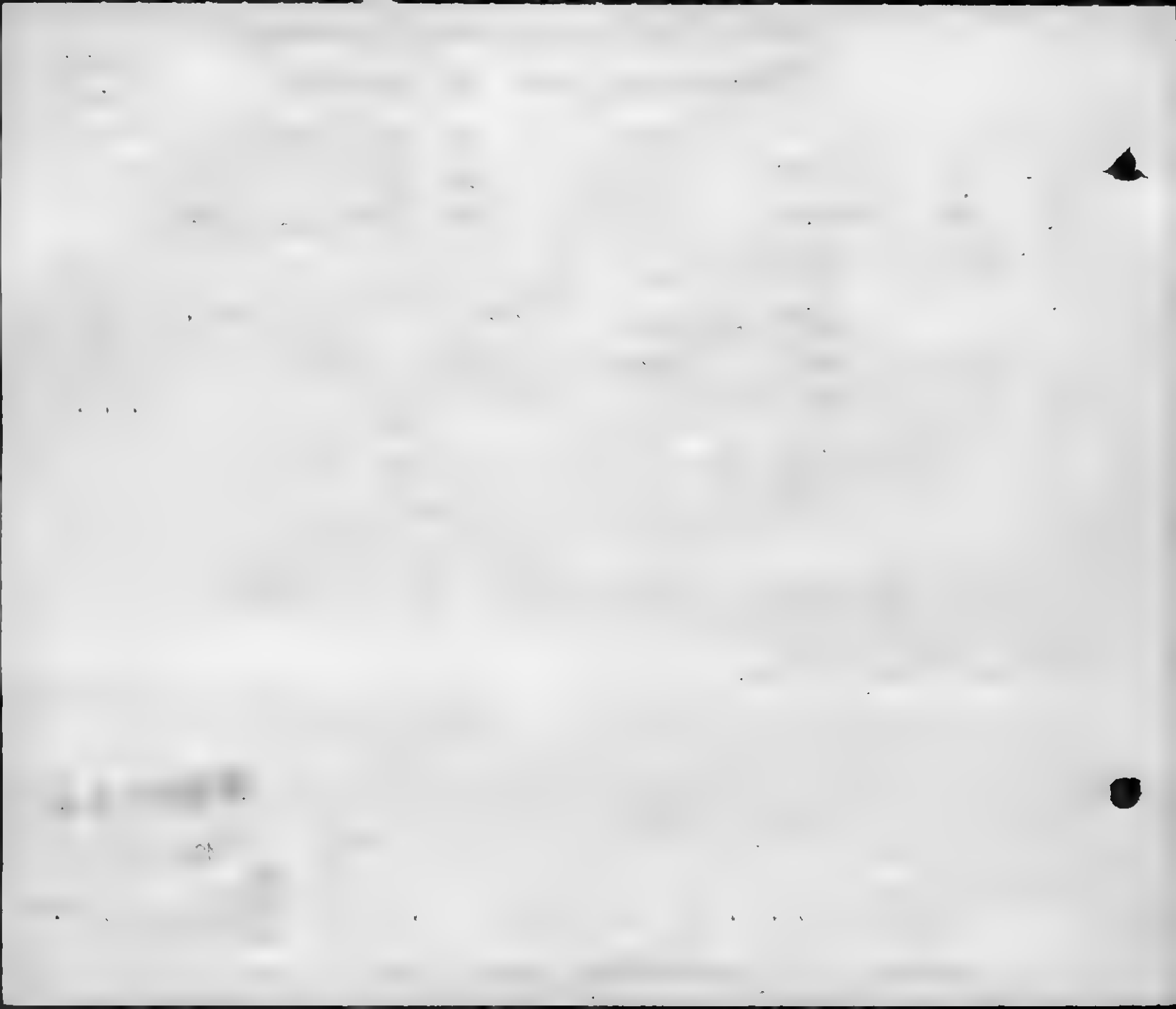
1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Frederick		STATE Md		COUNTY Frederick			
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		LENGTH OF STAY (in this place) 4 yrs		CITY (If outside corporate limits, write RURAL and give nearest town) Lewistown		RURAL X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Montevue		STREET ADDRESS 1					
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Ruth Bowle				4. DATE OF DEATH (Month) (Day) (Year) Nov. 23 19 55			
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 1848 107		9. AGE last birthday 107 yrs.		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Servant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Montgomery Co		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Wesley Brown				14. MOTHER'S MAIDEN NAME Letha Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT & ADDRESS Hospital Records			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 42.2.1 IMMEDIATE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)				Chronic hypertension arterial hypertension			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 19..... to 19....., that I last saw the deceased alive on 19....., and that death occurred at M., from the causes and on the date stated above.							
SIGNATURE [Signature]				ADDRESS (Street, city, town, state) - DATE SIGNED Frederick Md Nov 25 1955			
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF Nov. 26. 1955		NAME OF CEMETERY OR CREMATORY Creagerstown Cem.		LOCATION (City, town, or county) (State) Creagerstown Fredk Co Md	
24. REC'D BY REGISTRAR DATE 25, Nov. 1955		REGISTRAR'S SIGNATURE Elizabeth B. Heik		25. FUNERAL DIRECTOR'S SIGNATURE Raymond E. Creager		ADDRESS Thurmont Md	

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10800 CERTIFICATE OF DEATH

Reg. Dist. No. 10807

1. PLACE OF DEATH: FREDERICK				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY FREDERICK		MARYLAND		STATE MARYLAND		COUNTY FREDERICK	
CITY (If outside corporate limits, write RURAL and give nearest town) FREDERICK		LENGTH OF STAY (in this place) LIFE		CITY (If outside corporate limits, write RURAL and give nearest town) FREDERICK			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location) 429, Sherman Ave.			
3. NAME OF DECEASED: (First) JARETT (Middle) SHERMAN (Last) E. BOYER				4. DATE OF DEATH: (Month) Nov. (Day) 24, (Year) 1955			
5. SEX: Male		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married		8. DATE OF BIRTH: July 28, 1891	
9. AGE last birthday: 64 yrs.		10. MONTHS: 3		11. DAYS: 26		12. HOURS: 26	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farmer				10b. KIND OF BUSINESS OR INDUSTRY: Farming		11. BIRTHPLACE (State or foreign country): Frederick County Md.	
13. FATHER'S NAME: James T. Boyer				14. MOTHER'S MAIDEN NAME: Clara Summers			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No. (If Yes, give war or dates of service)				16. SOCIAL SECURITY No.: None.		17. INFORMANT & ADDRESS: Son in Law. Charles L. Thompson	
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause (a) Hypertensive cardiovascular renal disease DUE TO 2 years							
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized arteriosclerosis DUE TO years							
(c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION							
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept 1, 1955 , to November 24, 1955 that I last saw the deceased alive on Nov. 23, 1955 , and that death occurred at 4:45 PM , from the causes and on the date stated above.							
SIGNATURE (Degree or title) Dr. R. Martin, M.D.				ADDRESS 35 E Church Frederick Md DATE SIGNED 11-25-55			
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF Nov. 28, 1955		NAME OF CEMETERY OR CREMATORY Mt. Zion, Middletown,		LOCATION (City, town, or county) (State) Middletown, Maryland.	
DATE REC'D BY LOCAL REGISTRAR 26 Nov. 1955		REGISTRAR'S SIGNATURE Elizabeth L. Heck		24. FUNERAL DIRECTOR Robert E. Dailey,		ADDRESS FREDERICK, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.



54

10801

CERTIFICATE OF DEATH

Reg. Dist. No.

10808

131

1. PLACE OF DEATH:

COUNTY Harford MARYLAND
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR Harford TOWN 1 day
 HOSPITAL OR INSTITUTION OR STREET ADDRESS
Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Harford
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR Union Bridge TOWN 06X-2
 STREET ADDRESS (If rural give location)
Benedum St.

3. NAME OF DECEASED:

(First)

(Middle)

(Last)

(Type or Print)

EMMA GRACE BROADWATER

4. DATE OF DEATH:

(Month)

(Day)

(Year)

Nov 71955

5. SEX:

6. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH:

9. AGE last birthday: IF UNDER 1 YEAR

IF UNDER 24 HRS.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired:

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) ..

Antecedent causes (s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) ..

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY ?

Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR ?

22. I hereby certify that I attended the deceased from Mr. 5 55, 1955, to Mr 7, 19 55, that I last saw the deceasedalive on Mr 7, 19 55

SIGNATURE

(Degree or title)

from the causes and on the date stated above.

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

8 Nov. 1955Elizabeth G. HeckB. G. Caspary & SonsUnion Bridge, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A11



10839 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Frederick</u>			
CITY OR TOWN <u>Adamstown-Rural-R.D.#1</u>		LENGTH OF STAY (in this place) <u>Years</u>		CITY OR TOWN <u>Adamstown-Rural-R.D.#1</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Flint Hill</u>				STREET ADDRESS (If rural give location) <u>Flint Hill</u>			
3. NAME OF DECEASED: (First) <u>MARY</u> (Middle) <u>MAGDALENE</u> (Last) <u>BRUCE</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>November 11, 1955</u>			
5. SEX: <u>Female</u>		6. COLOR OR RACE: <u>Colored</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married</u>		8. DATE OF BIRTH: <u>July 25, 1902</u>	
				9. AGE last birthday <u>53</u> yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Home</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Andrew F. Johnson</u>				14. MOTHER'S MAIDEN NAME: <u>Hattie Ellen Makel</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS: <u>John M. Bruce, Adamstown, R. D. #1, Md.</u>			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Hypertensive cardiovascular renal disease</u>				<u>5 years</u>			
ANTECEDENT CAUSE (B) <u>Diabetes mellitus</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept. 9, 1953</u> to <u>Nov. 11, 1955</u> , that I last saw the deceased alive on <u>Nov. 9, 1955</u> , and that death occurred at <u>7:15 P.M.</u> from the causes and on the date stated above.							
SIGNATURE: <u>John R. Martin</u>		M. D. <u>Frederick, Maryland</u>		DATE SIGNED: <u>11/12/1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF: <u>Nov. 15, 1955</u>		NAME OF CEMETERY OR CREMATORY: <u>Hope Hill Cemetery</u>		LOCATION (City, town, or county) (State): <u>Frederick County, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR: <u>Nov. 15, 1955</u>		REGISTRAR'S SIGNATURE: <u>Elizabeth G. Heck</u>		24. FUNERAL DIRECTOR: <u>M. R. Etchison & Son, Frederick, Maryland</u>		ADDRESS:	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

16 1955

1955

10840

CERTIFICATE OF DEATH

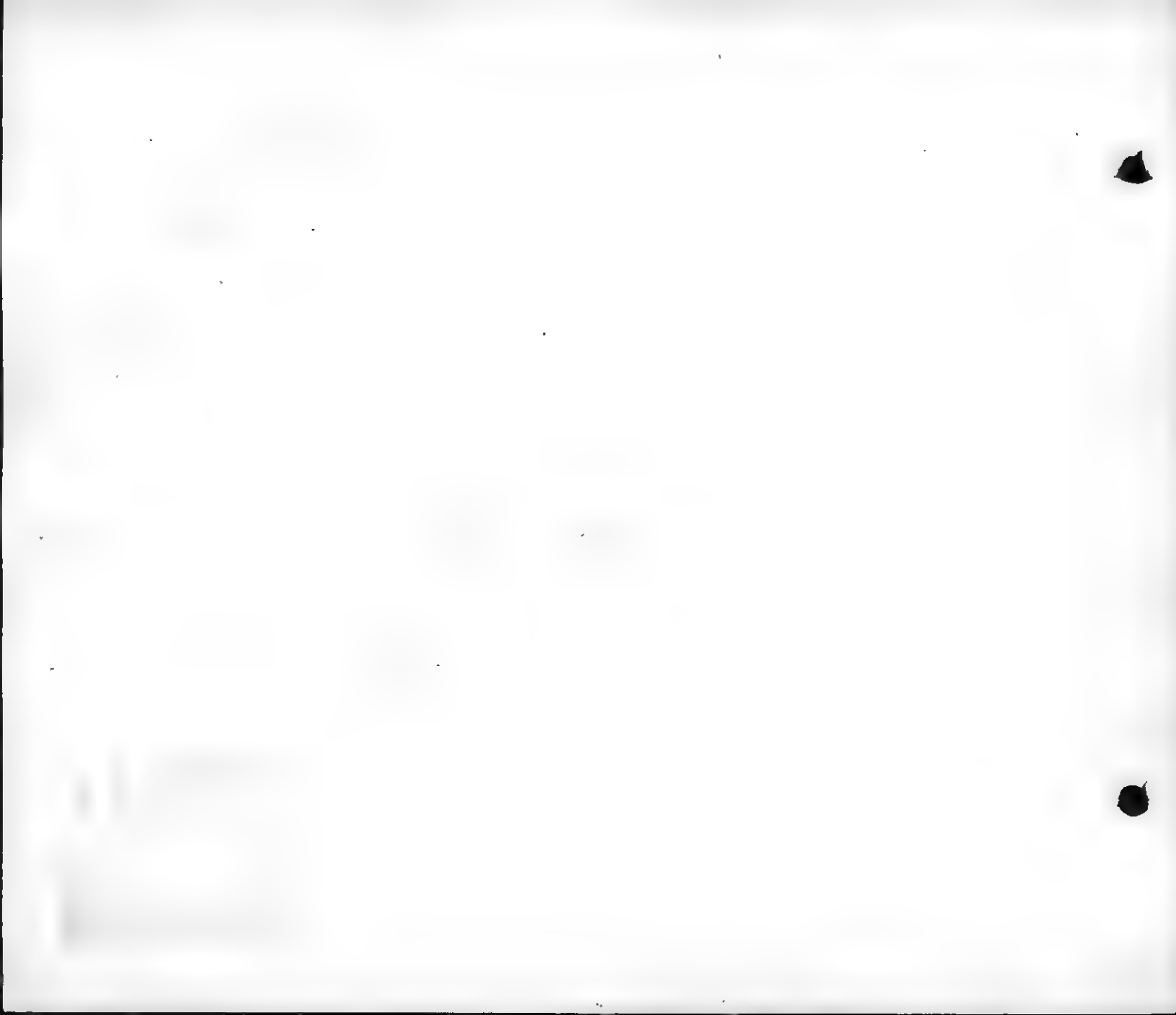
Reg. Dist. No. 139

1. PLACE OF DEATH.				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Balto. City</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Cullen</u>		LENGTH OF STAY (in this place) <u>413</u> days		CITY (If outside corporate limits, write RURAL and give nearest town) OR <u>Baltimore</u>		<u>3V-1-4</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Victor Cullen State Hospital</u>				STREET ADDRESS (If rural give location) <u>1741 N. Chester Street,</u>			
3. NAME OF DECEASED: (First) <u>John</u>		(Middle)		(Last) <u>Buehler</u>		4. DATE (Month) (Day) (Year) OF DEATH: <u>Nov. 3, 19 55</u>	
5. SEX: <u>Male</u>		6. COLOR OR RACE: <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Single</u>		8. DATE OF BIRTH: <u>Nov. 4, 1885</u>	
9. AGE last birthday <u>69</u> yrs.		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Barber</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Barber</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME: <u>Andrew Buehler</u>				14. MOTHER'S MAIDEN NAME: <u>Marie Heather</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS: <u>Patient</u>			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
331X IMMEDIATE CAUSE		(A) <u>Cerebral hemorrhage</u>		6 months.			
ANTECEDENT CAUSE (S)		DUE TO					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		(B) DUE TO					
002X		(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Pulmonary Tuberculosis</u>				6 years.			
19A. DATE OF OPERATION: <u>U</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept. 16 1954</u> , to <u>Nov. 3, 1955</u> , that I last saw the deceased alive on <u>Nov. 3, 1955</u> , and that death occurred at <u>3:45 M.</u> from the causes and on the date stated above.							
SIGNATURE <u>E. R. Ritchie</u>		ADDRESS <u>M. D. Cullen, Maryland</u>		DATE SIGNED <u>November 3, 1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>11/7/55</u>		NAME OF CEMETERY OR CREMATORY <u>Jerusalem Cemetery</u>		LOCATION (City, town, or county) (State) <u>Baltimore, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>11/3/55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		24. FUNERAL DIRECTOR <u>Leonard Ruck, 5305 Hartford Rd., Balto., Md.</u>		ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



10811

MARYLAND STATE DEPARTMENT OF HEALTH

Item 21f Film G194 3-16-56 am

10802 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH - COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE Maryland		COUNTY Baltimore	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		LENGTH OF STAY (In this place) 1 day		CITY (If outside corporate limits, write RURAL and give nearest town) Baltimore		3-1-4	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 604 Culler Avenue				STREET ADDRESS (If rural, give location) 4611 Keswick Road			
3. NAME OF DECEASED (First) (Middle) (Last) LESLIE MARIE BURGER		4. DATE OF DEATH (Month) (Day) (Year) November 6 1955		5. SEX Female		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single		8. DATE OF BIRTH July 23, 1955		9. AGE last birthday (If under 1 year, Moths Days) (If under 24 hrs, Hours Min.) 3 yrs 11 mos 11 days		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Edward D. Burger		14. MOTHER'S MAIDEN NAME Ellen McBarron	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None		17. INFORMANT AND ADDRESS Mr. Edward D. Burger - 4611 Keswick Rd.			

18. MEDICAL CERTIFICATION

Baltimore, Md.

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Asphyxiation

Antecedent cause(s)

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

Accidental

(c)

INTERVAL BETWEEN ONSET AND DEATH

10-15 minutes

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office, etc.)
INJURY *Home*

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

*Child ran in a bathtub, rolled over against side and wasn't able to get out.*22. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

21. BURIAL, CREMATION, REMOVAL (Specify)

Burial

DATE THEREOF

Nov. 8, 1955

NAME OF CEMETERY OR CREMATORY

Mount Olivet Cemetery

LOCATION (City, town, or county)

Frederick,

(State)

Maryland

DATE REC'D BY LOCAL REG.

Nov. 1955

REGISTRAR'S SIGNATURE

Elizabeth G. Heck

24. FUNERAL DIRECTOR

C. E. Cline & Son - Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10841 CERTIFICATE OF DEATH

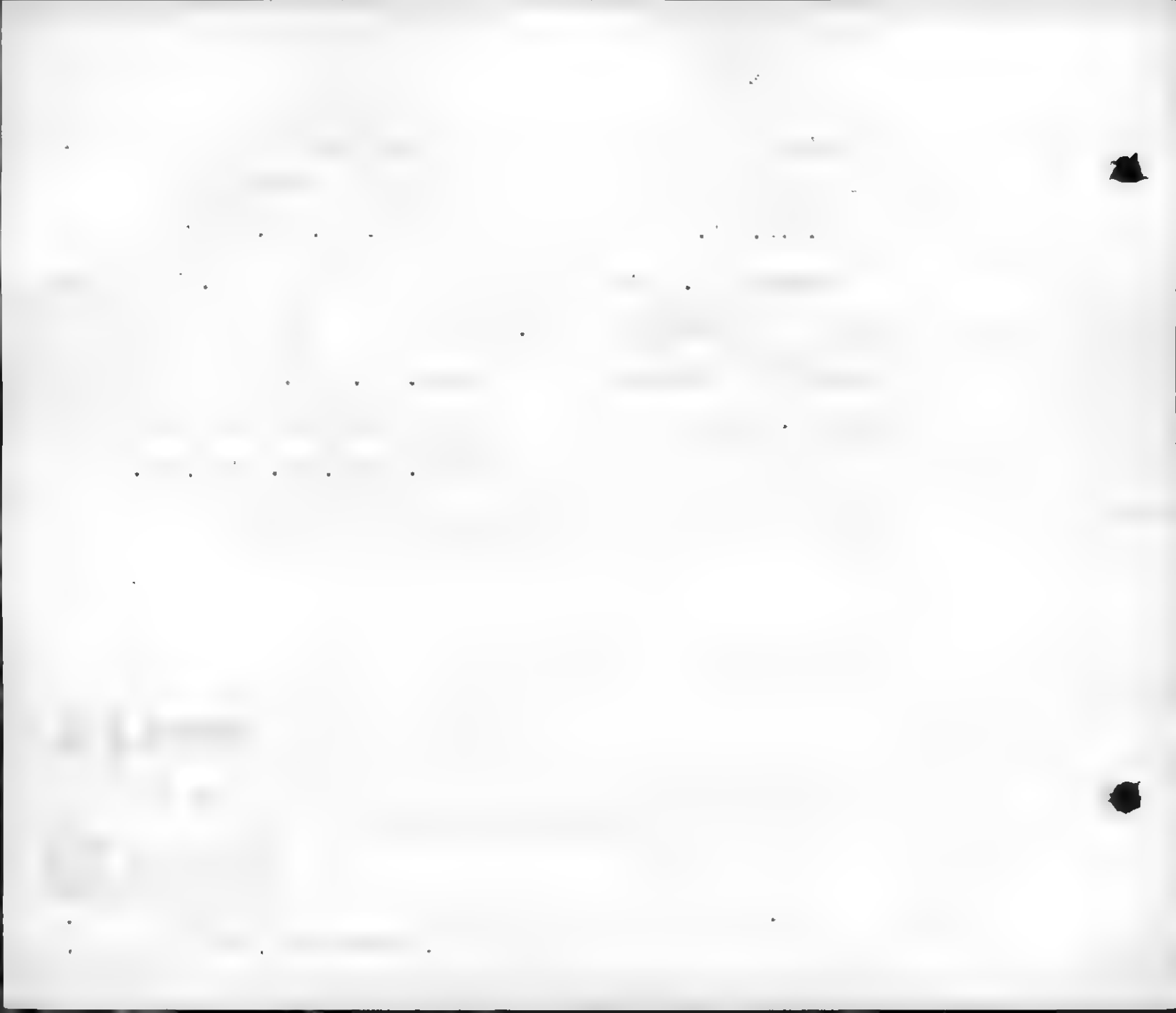
Reg. Dist. No. 10812

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Fred.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Rural - Plane # 4</u>				CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Rural - Plane # 4</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>R.F.D. Mt. Airy</u>				STREET ADDRESS (If rural give location) <u>R.F.D. Mt. Airy</u>			
3. NAME OF DECEASED:		(First) (Middle) (Last)		4. DATE OF DEATH:		(Month) (Day) (Year)	
(Type or Print)		<u>Catherine M. Hill Cain</u>		<u>Nov. 1</u>		<u>19 55</u>	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR IF UNDER 24 HRS.		
<u>Female</u>	<u>White</u>	<u>Married</u>	<u>Feb. 28, 1917</u>	<u>38</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
<u>Housewife</u>		<u>Own Home</u>		<u>Montg. Co., Md.</u>		<u>USA</u>	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<u>Samuel J. Lowe</u>				<u>Annie Margaret Bolton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
<u>No</u>		<u>None</u>		<u>Wesley W. Cain, Mt. Airy, Md.</u>			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
<u>41-X</u> Immediate cause (a) <u>Cerebral embolism with extension</u>						<u>12 hours</u>	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) <u>Myocardial infarction, left auricle</u>						<u>3 weeks</u>	
(c) <u>auricular fibrillation</u>						<u>2 months</u>	
(c) <u>Rheumatic heart disease with mitral stenosis</u>						<u>years</u>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u> <u>Thrombotic capitis</u>							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work Not While At Work		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8-30, 1955</u> , to <u>11-1, 1955</u> , that I last saw the deceased alive on <u>10-31</u> , 1955, and that death occurred at <u>1:40 P.M.</u> , from the causes and on the date stated above.							
SIGNATURE		(Degree or title)		ADDRESS		DATE SIGNED	
<u>William J. Meade, Jr.</u>		<u>M.D.</u>		<u>Damascus, Md.</u>		<u>11/2/55</u>	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Nov. 3, 1955</u>		<u>Forest Oak</u>		<u>Gaithersburg, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>Nov 2 - 1955</u>		<u>Lillian K. Tolson</u>		<u>Olin L. Molesworth</u>		<u>Damascus, Md.</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VI AISC 1-55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10832

CERTIFICATE OF DEATH

10813

Reg. Dist. No. 141

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick		LENGTH OF STAY (In this place) 40 yrs.		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 607 Brunswick Street				STREET ADDRESS (If rural give location) 607 Brunswick Street			
3. NAME OF DECEASED (Type or Print) Nellie Pauline Chaney				4. DATE OF DEATH (Month) (Day) (Year) II-23-1955			
5. SEX Female	6. COLOR OR White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 7-29-1895		9. AGE last birthday 60 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph Gordon				14. MOTHER'S MAIDEN NAME Ellen Fouch			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. -		17. INFORMANT & ADDRESS Mr. James C. Chaney, Brunswick, Md.			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
331X IMMEDIATE CAUSE (A) Coronary Artery				Antecedent Cause(s) DUE TO Hypertension		9-12 hrs	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) (C)						19	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20 AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11/23/55 to 11/23/55, that I last saw the deceased alive on 11/23/55, and that death occurred at 3:30 PM, from the causes and on the date stated above.							
SIGNATURE <i>[Signature]</i>				ADDRESS (Street, city, town, state) <i>[Address]</i>		DATE SIGNED <i>[Date]</i>	
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF II-26-55		NAME OF CEMETERY OR CREMATORY Brethern		LOCATION (City, town, or county) (State) Brownsville, Maryland	
24. REC'D BY REGISTRAR DATE Nov 26-55		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE C.H. Feete and Bro. Brunswick, Md			

RECEIVED
JAN 10 1900

10803 CERTIFICATE OF DEATH

Reg. Dist. No. 131

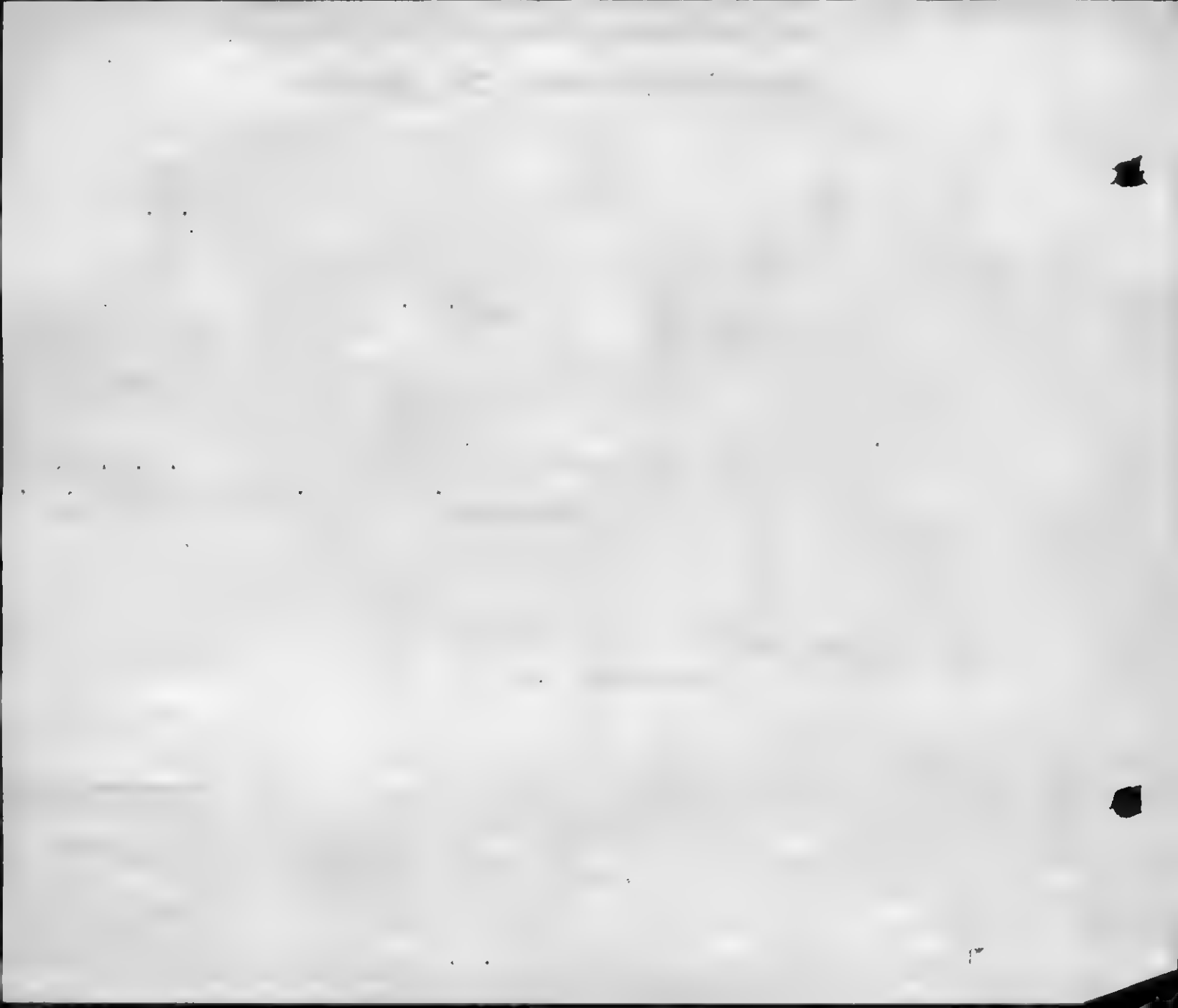
1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN Frederick		Minutes		TOWN Frederick-Rural R. F. D. #2			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital				STREET ADDRESS (If rural give location) New Design Road			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) PAUL		(Middle) HAMILTON		(Last) CLEMSON, SR.		(Month) November 4, 1955	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		
Male	White	Married	3 Dec 1905	49 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		
Farming			Farm		Maryland		
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
Claude C. Clemson				Naomi Troxell			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
No		Unk		R. F. D. #2, Mrs. Margaret B. Clemson, Frederick, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) <i>acute coronary artery thrombosis, et.</i>						3 hours	
ANTECEDENT CAUSE(S) DUE TO (B) <i>arteriosclerotic heart disease</i>						years	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of injury street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work Not while at work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-4, 1955, to 11:40 P.M., 1955, that I last saw the deceased alive on 11-4, 1955, and that death occurred at 11:40 P.M. from the causes and on the date stated above.							
SIGNATURE				ADDRESS (Street, city, town, state)		DATE SIGNED	
<i>Robert S. Turner, J.</i> M.D.				Frederick, Maryland		7 Nov 1955	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county)	
Burial		8 Nov 1955		Mount Olivet Cemetery		Frederick, Maryland	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE 7 Nov 1955		<i>Elizabeth B. Heck</i>		M. R. Etchison & Son, Frederick, Maryland			

INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be attached for use as a burial transit permit.

VS AISC 1-55 10M



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10804 CERTIFICATE OF DEATH

10815

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hosp.</u>		STREET ADDRESS (If rural, give location) <u>4155 Market</u>	
3. NAME OF DECEASED (Type or Print) <u>GEORGE</u> (First) <u>C</u> (Middle) <u>CRUM</u> (Last)		4. DATE OF DEATH <u>Nov</u> (Month) <u>2</u> (Day) <u>1955</u> (Year)	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>11/19/1865</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARRIAGE MAKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mfg. Carriages</u>	9. AGE last birthday <u>89</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
13. FATHER'S NAME <u>CASPER CRUM</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>none</u>		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMANT <u>Jennie Mary Crum</u>		11. BIRTHPLACE (State or foreign country) <u>Md</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		14. MOTHER'S MAIDEN NAME <u>MARY WERTZ</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause <u>Arterio-Sclerotic Cardio-vascular disease, with congestive failure</u>		<u>1 week</u>
Antecedent cause(s) <u>and anemia</u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>Fractured hip (pneumonia - left)</u>		<u>1 week</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 Oct, 1955, to 2 Nov, 1955, that I last saw the deceased alive on 2 Nov, 1955, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE Charles H. Conley, Jr. (Degree or title) Md ADDRESS Frederick, Md. DATE SIGNED 4 Nov. 1955

23. BURIAL, CREMATION REMOVAL (Specify)	DATE <u>11/5/55</u>	NAME OF CEMETERY OR CREMATORY <u>Mt. Green</u>	LOCATION (City, town, or county) <u>Frederick, Frederick Md</u> (State)
DATE REC'D BY LOCAL REG. <u>4 Nov. 1955</u>	REGISTRAR'S SIGNATURE <u>Elizabeth S. Herb</u>	24. FUNERAL DIRECTOR <u>Harry E. Galt & Son</u>	ADDRESS <u>Frederick Md</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

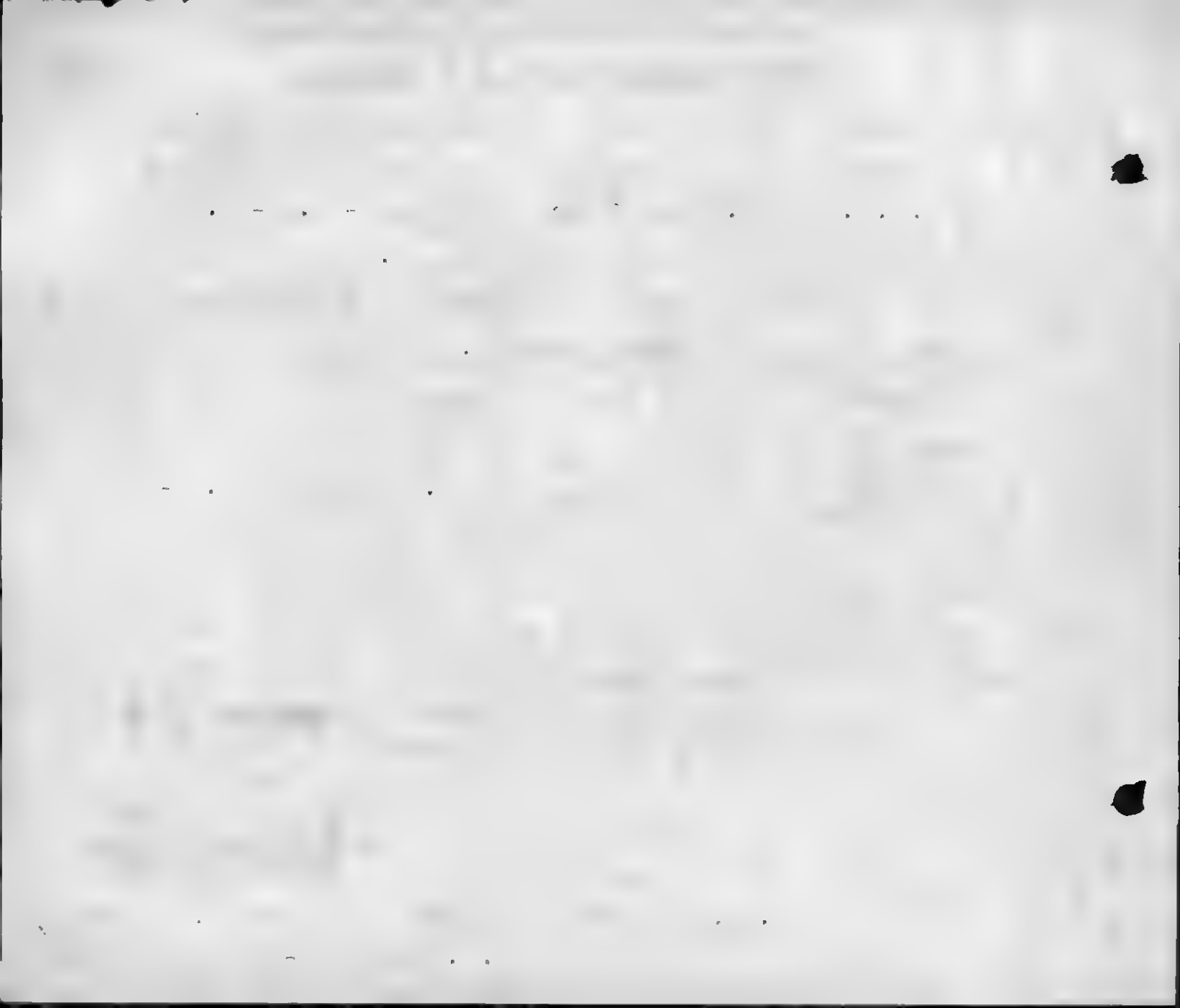
10842

CERTIFICATE OF DEATH

10816

Reg. Dist. No. 131

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Frederick		STATE Maryland		COUNTY County			
CITY (If outside corporate limits, write RURAL and give nearest town) R. F. D. # 6 - Nr. Pearl		LENGTH OF STAY (in this place) 33 years		CITY (If outside corporate limits, write RURAL and give nearest town) Rural - Rt. 6 - Nr. Pearl			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00		STREET ADDRESS Nr. Pearl					
3. NAME OF DECEASED (First) (Middle) (Last) CLARA MAY DeLAUTER				4. DATE OF DEATH (Month) (Day) (Year) November 11 19 55			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH January 14, 1881	9. AGE last birthday 74 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Thomas Winfield				14. MOTHER'S MAIDEN NAME Ellen King			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS Mrs. Ella Hutzell - Rt. 6 - Frederick			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
3- X IMMEDIATE CAUSE (A) Uremia				5 days			
ANTECEDENT CAUSE(S) DUE TO (B) Cerebral Thrombosis							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) With Karapine of indurated left side				16 days			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION 11		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 5, 1955, to Dec 11, 1955, that I last saw the deceased alive on Nov 12, 1955, and that death occurred at 4:30 P.M. from the causes and on the date stated above.							
SIGNATURE B. L. Thomas M.D.				ADDRESS (Street, city, town, state) Frederick, Md.		DATE SIGNED Dec 12-55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Nov. 13, 1955		NAME OF CEMETERY OR CREMATORY Grossnickle Cemetery		LOCATION (City, town, or county) (State) Myersville, Maryland	
24. REC'D BY REGISTRAR DATE Nov 12, 1955		REGISTRAR'S SIGNATURE Elizabeth B. Tech		25. FUNERAL DIRECTOR'S SIGNATURE C. E. Cline & Son - Frederick, Maryland			



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10805

CERTIFICATE OF DEATH

Reg. Dist. No. 131

10817

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u> OR <u>Town</u> <u>Frederick</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>314 Chapel Alley</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u> OR <u>Town</u> <u>Frederick</u> STREET ADDRESS (If rural give location) <u>314 Chapel Alley</u>	
3. NAME OF DECEASED: (Type or Print) <u>RUTH</u> (First) <u>ANN</u> (Middle) <u>DERR</u> (Last)		4. DATE (Month) (Day) (Year) OF DEATH: <u>November</u> <u>29</u> , 19 <u>55</u>	
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Single</u>	8. DATE OF BIRTH: <u>September 23, 1892</u>
9. AGE last birthday <u>63</u> yrs.		10. IF UNDER 1 YEAR: Months <u> </u> Days <u> </u>	11. IF UNDER 24 HRS: Hours <u> </u> Min. <u> </u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Home</u>	11. BIRTHPLACE (State or foreign country): <u>Maryland</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME: <u>John L. Derr</u>	
14. MOTHER'S MAIDEN NAME: <u>Mary Mahoney</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS: <u>314 Chapel Alley, Mrs. Clarabelle N. Collins, Frederick, Md.</u>	
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>331X</u> IMMEDIATE CAUSE (A) <u>Internal Hemorrhage</u> ANTECEDENT CAUSE (B) <u>Arteriosclerosis</u> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>Hypertension</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>5 1/2 to +</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: <u> </u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 10, 1952</u> , to <u>Nov 7, 1955</u> , that I last saw the deceased alive on <u>Nov. 7, 1955</u> , and that death occurred at <u>1:05A M.</u> from the causes and on the date stated above. SIGNATURE <u>[Signature]</u> ADDRESS <u>Frederick, Maryland</u> DATE SIGNED <u>11/8/1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Nov. 10, 1955</u>	
NAME OF CEMETERY OR CREMATORY <u>St. John's Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>10 Nov 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth G. Heck</u>	
24. FUNERAL DIRECTOR <u>M. R. Etchison & Son, Frederick, Maryland</u>		ADDRESS	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10806

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 131

10818

Reg. Dist.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <i>Fredrick</i>	MARYLAND	STATE <i>Maryland</i>	COUNTY <i>Fredrick</i>
CITY (If outside corporate limits, write RURAL OR give nearest town) <i>Fredrick</i>	LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and give nearest town) <i>Knowville</i>	TOWN <i>Knowville</i>
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Fredrick Memorial Hosp</i>		STREET ADDRESS (If rural, give location) <i>Route 1</i>	
3. NAME OF DECEASED: (First) (Middle) (Last)		4. DATE OF DEATH (Month) (Day) (Year)	
<i>Swine Elizabeth E. Swine</i>		<i>November 7 1955</i>	
5. SEX: <i>F</i>	6. COLOR OR RACE: <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <i>W</i>	8. DATE OF BIRTH: <i>Aug. 31 - 1867</i>
		9. AGE last birthday: <i>88</i> yrs	10. IF UNDER 1 YEAR: Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <i>retired</i>		10b. KIND OF BUSINESS OR INDUSTRY: <i>at home</i>	11. BIRTHPLACE (State or foreign country): <i>Maryland</i>
12. CITIZEN OF WHAT COUNTRY: <i>U.S.</i>			
13. FATHER'S NAME: <i>James F. Swine</i>		14. MOTHER'S MAIDEN NAME: <i>Miss F. Swine</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY No.: <i>no</i>	
17. INFORMANT & ADDRESS: <i>A. K. Roberts, 1100 E. 1st St., Baltimore, Md.</i>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH: <i>Immediate</i>	
Immediate cause (a) <i>Broken neck</i>			
Antecedent cause(s) (b) <i>.....</i>			
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) <i>.....</i>			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION: <i>11/7/55</i>		19b. MAJOR FINDING OF OPERATION:	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, street, office bldg, etc.) OF INJURY <i>4000 Rockville Road, Rockville, Md.</i>	21c. (City or town) (County) (State)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>11 7 1955 4:45 P.M.</i>	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Struck by car while crossing street</i>	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and find that death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/>			
SIGNATURE <i>B. C. Swine</i>		M. D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAM. <input type="checkbox"/>	
23. BURIAL, CREMATION, REINTERMENT (Specify): <i>Burial</i>	DATE THEREOF <i>11/10/55</i>	NAME OF CEMETERY OR CREMATORY <i>Rockville Cemetery</i>	LOCATION (City, town, or county) (State) <i>Rockville, Md.</i>
DATE REC'D BY LOCAL REG <i>8 Nov 1955</i>	REGISTRAR'S SIGNATURE <i>Elizabeth B. Heck</i>	24. FUNERAL DIRECTOR <i>D. B. Swine</i>	ADDRESS <i>1100 E. 1st St., Baltimore, Md.</i>



10807

CERTIFICATE OF DEATH

Reg. Dist. No. 131

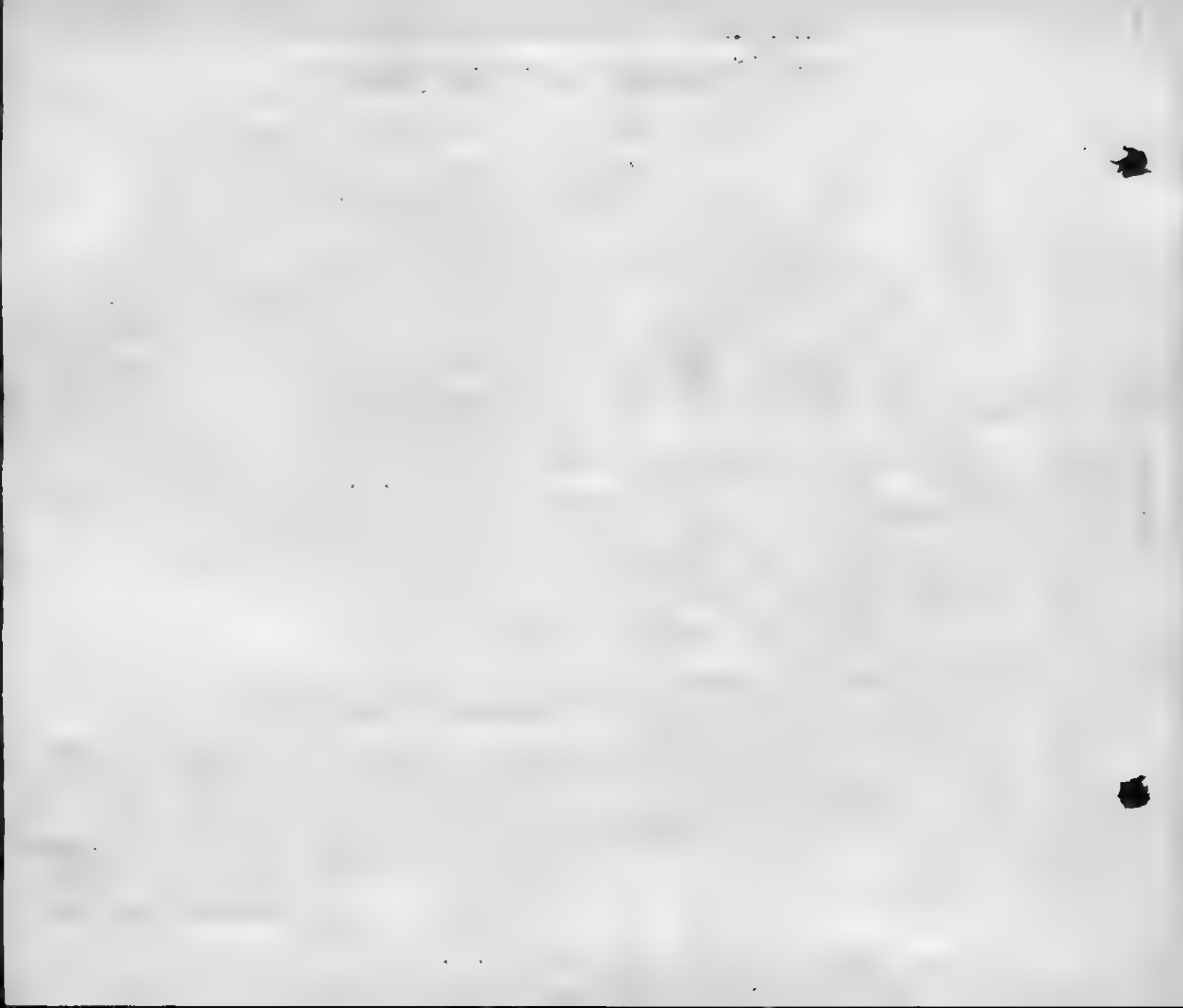
1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick		LENGTH OF STAY (In this place) Years		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital				STREET ADDRESS (If rural give location) 364 West Patrick Street			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) VIRGIE		(Middle) GRACE		(Last) EPPLEY		(Month) November 4, 1955	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH 17 Nov 1878	9. AGE last birthday 76 yrs.	IF UNDER 1 YEAR Months Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Lewis Henry Main				14. MOTHER'S MAIDEN NAME Eleanor Susan Thomas			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. Unk		17. INFORMANT & ADDRESS 1000 Carroll Parkway, Nevin T. R. Waskey, Frederick, Maryland			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
541.0 IMMEDIATE CAUSE (A) Peritonitis, fibropneumonia				INTERVAL BETWEEN ONSET AND DEATH 4 days			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO							
(C) Duodenal Ulcer				years			
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION 10-24-55		19b. MAJOR FINDINGS OF OPERATION Bleeding duodenal ulcer				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, or INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED White at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10-19, 1955, to 11-4, 1955, that I last saw the deceased alive on 11-4, 1955, and that death occurred at 9:30P M, from the causes and on the date stated above.							
SIGNATURE Robert S. Turner, Jr.				ADDRESS (Street, city, town, state) Frederick, Maryland		DATE SIGNED 7 Nov 1955	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 7 Nov 1955		NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) (State) Frederick, Maryland	
24. REC'D BY REGISTRAR DATE 7 Nov 1955		REGISTRAR'S SIGNATURE Elizabeth S. Heeb		25. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M



10843 MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

10820

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Rural-Ijamsville		CITY (If outside corporate limits, write RURAL and give nearest town) Rural- R.F.D. 5	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Railroad-Nr. Ijamsville-Md.		STREET ADDRESS (If rural, give location) West of Frederick	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) JACK RICHARD FAWLEY		4. DATE OF DEATH (Month) (Day) (Year) Nov. 4 1955	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-8- 1913
9. AGE last birthday 41 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trackman	11. BIRTHPLACE (State or foreign country) Pennsylvania
13. FATHER'S NAME Owen H. Fawley		14. MOTHER'S MAIDEN NAME Nannie B. Woodward	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. War II		17. INFORMANT AND ADDRESS Mrs. Jack R. Fawley(Wife) Route 5 Frederick-Md.	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
(a) Immediate cause Crushed chest		Instantaneous
(b) Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last		
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) OF INJURY 11 4 11/55/10 am	PLACE (Home, farm, factory, street, office, bldg, etc.) OF INJURY RR INJURY OCCURRED While at work <input checked="" type="checkbox"/> Not while at work <input type="checkbox"/>	(CITY OR TOWN) Ijamsville (COUNTY) Frederick (STATE) MD HOW DID INJURY OCCUR? Struck by hand engine

22. I certify that I took charge of the remains described above, held an Autopsy, Inspection, or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes, accident, suicide, homicide, or undetermined.		DATE SIGNED
SIGNATURE B. H. ... ADDRESS Frederick, Md.		11-25-55

23. BURIAL, CREMATION, or other disposition (Specify) Burial	DATE THEREOF 11-6-1955	NAME OF CEMETERY OR CREMATORY Rocky Springs Cemetery	LOCATION (City, town, or county) (State) West of Frederick-Md.
DATE REC'D BY LOCAL REG. 5 Nov. 1955	REGISTRAR'S SIGNATURE Elizabeth B. Heck	24. FUNERAL DIRECTOR ADDRESS C.E. Cline and Son- Frederick-Maryland	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



10844 CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH.		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Frederick</u> MARYLAND		STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Mount Airy-Rural RD#1</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Mount Airy-Rural RD#1</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>New London</u>		STREET ADDRESS (If rural give location) <u>New London</u>	
3. NAME OF DECEASED: (First) (Middle) (Last) <u>CHARLES</u> <u>MARSHALL</u> <u>FOX</u>		4. DATE (Month) (Day) (Year) OF DEATH <u>November 6, 1955</u>	
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Widowed</u>	8. DATE OF BIRTH: <u>6 April 1873</u>
9. AGE last birthday: <u>82</u> yrs.		IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Retired Farmer</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Farm</u>	
11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Henry Fox</u>		14. MOTHER'S MAIDEN NAME: <u>Sarah Poole</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.): <u>No</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT & ADDRESS: <u>R. F. D. #1, Mrs. Courtney A. Fox, Mt. Airy, Md.</u>			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
<u>450.0</u> IMMEDIATE CAUSE		<u>2 days</u>	
ANTECEDENT CAUSE (S)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
(A) <u>Uremia</u>			
DUE TO			
(B) <u>hypertrophied prostate</u>			
DUE TO			
(C) <u>chronic renal disease</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: <u>2</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>54</u> to <u>Nov 4</u> , 19 <u>55</u> ; that I last saw the deceased alive on <u>Nov 1</u> , 19 <u>55</u> , and that death occurred at <u>10:30 AM</u> , from the causes and on the date stated above.			
SIGNATURE <u>John M. Smith</u>		M. D. <u>Frederick, Maryland</u> DATE SIGNED <u>7 Nov 1955</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>9 Nov 1955</u>	
NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Cemetery</u>		LOCATION (City, town, or county) (State) <u>McKaig-Frederick County Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>Nov. 8, 1955</u>		REGISTRAR'S SIGNATURE <u>Lucian D. Falconer</u>	
24. FUNERAL DIRECTOR <u>M. R. Etchison & Son, Frederick, Maryland</u>		ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

U.S. AIR FORCE

NO. 1

1958-1959

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10822

19808 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial</u>				2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Md</u> COUNTY <u>Frederick</u> (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Middle town</u> STREET ADDRESS (If rural give location) <u>1</u>							
3. NAME OF DECEASED: (First) (Middle) (Last) <u>Roy</u> <u>V.</u> <u>Gaver</u>				4. DATE OF DEATH: (Month) (Day) (Year) <u>11</u> <u>9</u> <u>1955</u>							
5. SEX: <u>M</u>		6. COLOR OR RACE: <u>W</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED. <u>M</u>		8. DATE OF BIRTH: <u>1/22/89</u>		9. AGE last birthday: <u>66</u> yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired) <u>Cream Tester</u>				10B. KIND OF BUSINESS OR INDUSTRY: <u>Creamery</u>				11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>John T. Gaver</u>						14. MOTHER'S MAIDEN NAME: <u>Elizabeth Jane Bitler</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>1</u>						16. SOCIAL SECURITY NO. <u>213-03-0147</u>					
17. INFORMANT'S ADDRESS: <u>Laura V. Gaver, Middletown, Md.</u>											
18. MEDICAL CERTIFICATION 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>423.1</u> IMMEDIATE CAUSE ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (A) <u>Infarction of Myocardium due to acute arteriosclerotic coronary</u> DUE TO (B) <u>thrombosis</u> DUE TO (C)										INTERVAL BETWEEN ONSET AND DEATH <u>24 hr.</u>	
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.											
19A. DATE OF OPERATION: <u>2</u>				19B. MAJOR FINDINGS OF OPERATION							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				21B. PLACE (Home, farm, factory, street, office bldg., etc.)				21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) (Min.) OF INJURY				21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work				21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11/8/55</u> , 19 <u>55</u> , to <u>11/9</u> , 19 <u>55</u> , that I last saw the deceased <u>alive on 11/9</u> , 19 <u>55</u> , and that death occurred at <u>6:30</u> <u>A</u> M, from the causes and on the date stated above. SIGNATURE <u>Henry V. Chase</u> ADDRESS <u>M. D. 4 E. Church St</u> DATE SIGNED <u>11/10/55</u>											
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>				DATE THEREOF <u>11-12-1955</u>		NAME OF CEMETERY OR CREMATORY <u>Reformed Cemetery</u>				LOCATION (City, town, or county) (State) <u>Middletown Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>11-11-55</u>				REGISTRAR'S SIGNATURE <u>Elizabeth B. Heck</u>				24. FUNERAL DIRECTOR ADDRESS <u>Glackhill Co. Middletown, Md.</u>			



10809 CERTIFICATE OF DEATH

10823
Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Frederick</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>11 Frederick</u>		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Brunswick</u>		<u>25</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>69 Frederick Memorial Hospital</u>				STREET ADDRESS (If rural give location) <u>815 Maple Ave.</u>		<u>1</u>	
3. NAME OF DECEASED: (First) (Middle) (Last) <u>Herbert Howard Grimm Jr.</u>				4. DATE OF DEATH: (Month) (Day) (Year) <u>Nov 26 1955</u>			
5. SEX: <u>Male</u>		6. COLOR OR RACE: <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>single</u>		8. DATE OF BIRTH: <u>Nov 6 Mrs.</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):		10B. KIND OF BUSINESS OR INDUSTRY:		9. AGE last birthday <u>20</u> yrs		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>	
13. FATHER'S NAME: <u>Herbert Howard Grimm Sr.</u>				14. MOTHER'S MAIDEN NAME: <u>Bessie Dewayne Larn</u>			
15. WAS DECEASED EVER IN U.S. ARMY OR NAVY? (Yes, no, or unk) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>mother - Mrs. Bessie Grimm 815 Maple Ave.</u>			
18. MEDICAL CERTIFICATION				17. INFORMANT & ADDRESS: <u>Brunswick, Maryland</u>			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (A) <u>Hemorrhage, head injury</u>				<u>20 days</u>			
ANTECEDENT CAUSE (B) <u>Birth trauma</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) <u>Prolonged Labor</u>							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>11-28-55</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6 Nov, 1955</u> , to <u>26 Nov, 1955</u> , that I last saw the deceased alive on <u>26 Nov, 1955</u> , and that death occurred at <u>10:15 A.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>A. H. Pomeroy</u>		ADDRESS <u>Frederick, Md.</u>		DATE SIGNED <u>26 Nov 55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>11-28-55</u>		NAME OF CEMETERY OR CREMATORY <u>Parkersville, Md.</u>		LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REGISTRAR <u>28 Nov. 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth G. Heek</u>		24. FUNERAL DIRECTOR <u>C. H. Fidler & Son Brunswick, Md.</u>		ADDRESS	



MARYLAND STATE DEPARTMENT OF HEALTH
10845 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10824

Reg. Dist. No.

1. PLACE OF DEATH— COUNTY <u>Frederick</u> MARYLAND				2. USUAL RESIDENCE (HOME) OF DECEASED— STATE <u>Maryland</u> COUNTY <u>Frederick</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Frederick RD 4</u> LENGTH OF STAY (In this place) <u>2 yrs</u>				CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Frederick</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location) <u>R.D. 4</u>			
3. NAME OF DECEASED (First) <u>Walter</u>		(Middle) <u>Hanneman</u>		(Last) <u>Hanneman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 9 1975</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb 2, 1896</u>	
9. AGE last birthday <u>59</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Welder</u>		11. BIRTHPLACE (State or foreign country) <u>Philad. Pa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Max R. Hanneman</u>				14. MOTHER'S MAIDEN NAME <u>Rosalie Walter</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS <u>Carlton L. Hanneman - Mt. Airy, Md.</u>	
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
42511 Immediate cause (a) <u>Coronary occlusion</u>							
Antecedent cause(s) (b) <u>Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</u>							
(c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.				PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY <u>Home</u>			
TIME (Month) (Day) (Year) (Hour) OF INJURY				INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>			
				HOW DID INJURY OCCUR?			
				(CITY OR TOWN) (COUNTY) (STATE) <u>Frederick Md</u>			
22. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>							
SIGNATURE <u>B. Hanneman</u>				DATE SIGNED <u>Nov 9, 1975</u>			
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				DATE THEREOF <u>11-12-75</u>			
NAME OF CEMETERY OR CREMATORY <u>Frederick Park</u>				LOCATION (City, town, or county) (State) <u>Frederick Md.</u>			
DATE REC'D BY LOCAL REG. <u>11/12/75</u>				24. FUNERAL DIRECTOR <u>W. V. Vassalini Funeral Home - 7401 Brian Rd.</u>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
10810 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10825

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <u>Fredensburgh</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Germanatown</u> COUNTY <u>Montgomery</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Fredensburgh</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>15X-2</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Fredensburgh Hospital</u>		STREET ADDRESS <u>Rt. 7. #2</u>	
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)
<u>Thomas</u>	<u>John</u>	<u>Harper</u>	
4. SEX <u>MC</u>	5. COLOR OR RACE <u>C</u>	6. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>M</u>	7. DATE OF BIRTH <u>March 6, 1936</u>
8. AGE last birthday <u>19</u> yrs.		9. AGE last birthday If under 1 year: Months <u>3</u> Days <u>3</u> Hours <u>15</u> Mins. <u>55</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>None</u>		12. CITIZEN OF WHAT COUNTRY? <u>None</u>	
13. FATHER'S NAME <u>Stanley Harper</u>		14. MOTHER'S MAIDEN NAME <u>Kathie Johnson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Oliver Mal Harper wife</u>			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
<p>971X Immediate cause (a) <u>Hemorrhage due to</u></p> <p>Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) <u>gun wound of abdomen</u> (c) <u>fractured abdominal aorta</u></p>		<u>2 hrs</u>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. <input type="checkbox"/>		PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>11</u> / <u>13</u> / <u>1955</u> <u>12</u> A.M.		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	
HOW DID INJURY OCCUR? <u>Shot by assailant</u>			
22. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input checked="" type="checkbox"/> undetermined <input type="checkbox"/>			
SIGNATURE <u>Bl. Thomas D. Deputy Medical Examiner</u>		DATE SIGNED <u>11/13/55</u>	
23. BURIAL, CREMATION, OR OTHER (Specify) <u>Burial</u>		DATE THEREOF <u>11/17/55</u>	
NAME OF CEMETERY OR CREMATORY <u>Sugarland</u>		LOCATION (City, town, or county) <u>Montgomery Co</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Nov. 13, 1955</u> <u>Elizabeth G. Heik</u>		24. FUNERAL DIRECTOR <u>Robert L. Swallen Rockville</u>	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10811 CERTIFICATE OF DEATH

Reg. Dist. No. 10826

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>FREDERICK</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>FREDERICK</u>
CITY (If outside corporate limits, write RURAL and give nearest town) <u>11 TOWN FREDERICK</u>	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) <u>11 TOWN FREDERICK</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>FREDERICK MEMORIAL HOSP.</u>		STREET ADDRESS (If rural give location) <u>126 PINE AVENUE</u>	
3. NAME OF DECEASED: (Type or Print)		4. DATE (Month) (Day) (Year) OF DEATH:	
<u>CYNTHIA JANE HARRIS</u>		<u>November 9, 1955</u>	
5. SEX: <u>FEMALE</u>	6. COLOR OF RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Single</u>	8. DATE OF BIRTH: <u>November 9, 1915</u>
9. AGE last birthday: <u>40</u> yrs.		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Infant</u>		12. BIRTHPLACE (State or foreign country): <u>Maryland</u>	
13. FATHER'S NAME: <u>George William Harris</u>		14. MOTHER'S MAIDEN NAME: <u>Dorothy Lucille Kemp</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <u>No</u>		16. SOCIAL SECURITY NO.: <u>None</u>	
17. INFORMANT & ADDRESS: <u>Mrs. Dorothy Harris, 126 Pine Avenue Frederick</u>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) <u>Subarachnoid hemorrhage sequelae to precipitous subopmentum</u>		INTERVAL BETWEEN ONSET AND DEATH: <u>1 hour</u>	
ANTECEDENT CAUSE (B) <u>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST</u>			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: <u>2</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9 Nov., 1955</u> , to <u>9 Nov., 1955</u> that I last saw the deceased alive on <u>9 Nov., 1955</u> , and that death occurred at <u>8:50 AM</u> , from the causes and on the date stated above.			
SIGNATURE <u>James L. Stover, Jr.</u>		ADDRESS <u>Walpersville, Md.</u>	
DATE SIGNED <u>9 November 1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Nov. 10, 1955</u>	
NAME OF CEMETERY OR CREMATORY <u>Frederick Memorial Park</u>		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>Nov. 10, 1955</u>		24. FUNERAL DIRECTOR <u>M. R. Etchison & Son, Frederick, Maryland</u>	

MARGIN RESERVED FOR BINDING

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10827
10812 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) 11 Frederick		LENGTH OF STAY (in this place) Years		CITY (If outside corporate limits, write RURAL and give nearest town) OR Frederick		11	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 Frederick Memorial Hospital				STREET ADDRESS (If rural give location) 131 Water Street			
3. NAME OF DECEASED: (First) (Middle) (Last) HOWARD IRVING HARRIS				4. DATE (Month) (Day) (Year) OF DEATH: November 18, 1955			
5. SEX: Male		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married		8. DATE OF BIRTH: September 8, 1873	
9. AGE last birthday: 82 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: John W. Harris				14. MOTHER'S MAIDEN NAME: Lucinda Main			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No		16. SOCIAL SECURITY NO.: 214-10-4524		17. INFORMANT & ADDRESS: 702 East Patrick Street Mrs. Guy W. Wetzel, Frederick, Maryland			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
420.1 IMMEDIATE CAUSE						2 days	
(A) <u>Tuberculosis</u> DUE TO							
ANTECEDENT CAUSE (B)						5 yrs	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10, 1955, to Nov. 18, 1955 that I last saw the deceased alive on Nov. 18, 1955, and that death occurred at 7:10PM, from the causes and on the date stated above.							
SIGNATURE <u>Boston</u>				ADDRESS Frederick, Maryland		DATE SIGNED 11/21/1955	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Nov. 21, 1955		NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) (State) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 11/21/1955		REGISTRAR'S SIGNATURE Elizabeth B. Heck		24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A15-10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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NOV 23 1955

RECEIVED
FBI - NEW YORK

MARYLAND STATE DEPARTMENT OF HEALTH
10846 CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH - COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Braddock Heights		LENGTH OF STAY (In this place) 1 year		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Braddock Heights	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt Zion Road		STREET ADDRESS (If rural, give location) Mt. Zion Road			
3. NAME OF DECEASED (First) CLIFFORD		(Middle) ALBERT		(Last) HAUGER	
4. DATE OF DEATH November 10, 1955		5. SEX Male		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single		8. DATE OF BIRTH Oct. 29, 1909		9. AGE last birthday 46 yrs. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Penna.	
13. FATHER'S NAME Bert Hauger		14. MOTHER'S MAIDEN NAME Ellen Howard			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WWII		16. SOCIAL SECURITY No. 199-24-3256		17. INFORMANT AND ADDRESS Mrs. Viola Burke, Homestead Park, Penna., 202 East Oliver Road,	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause 541.1 Perforated duodenal ulcer		7 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last with gastritis		
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

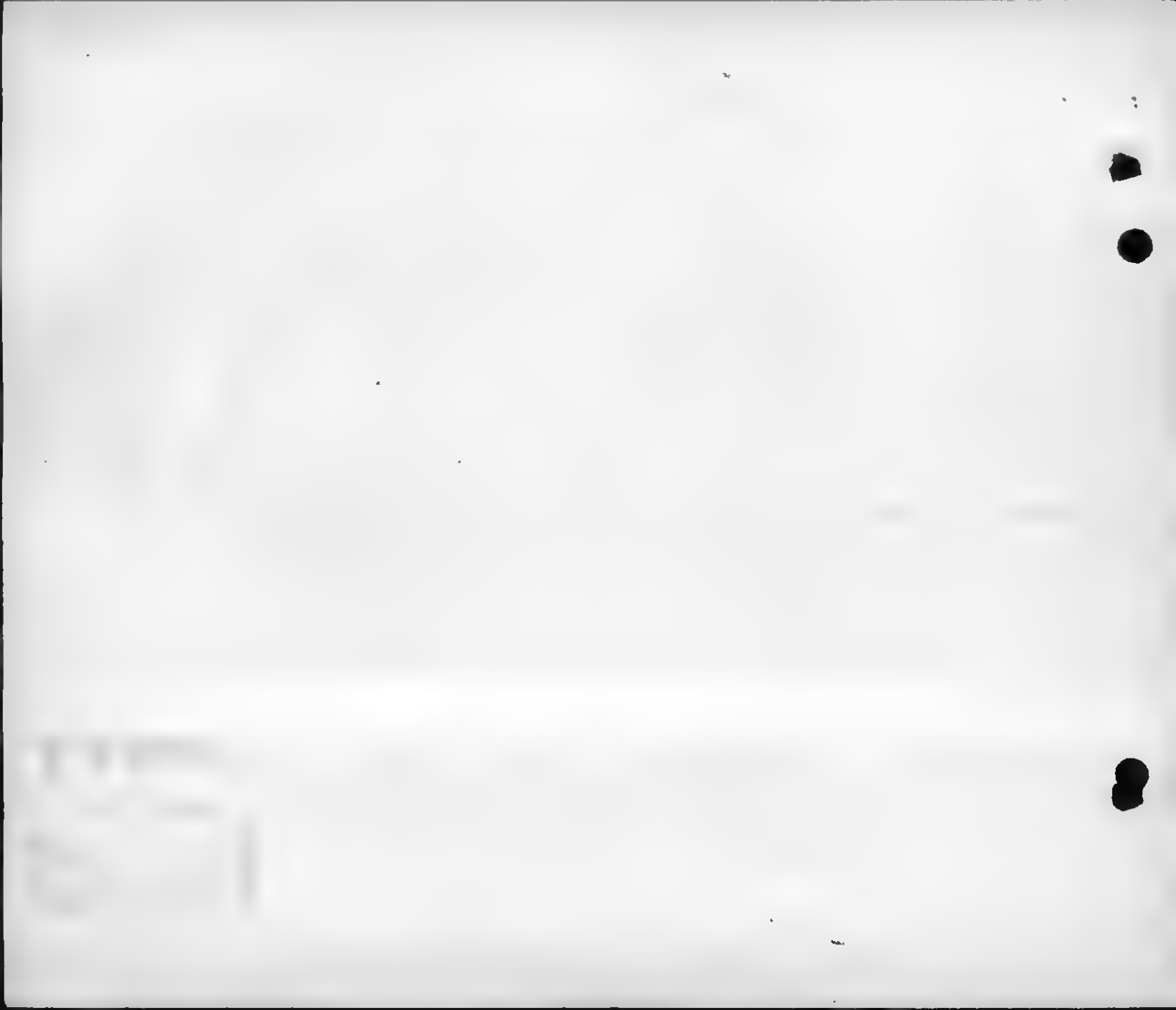
22. I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

SIGNATURE Blair H. Meadows, Deputy Medical Examiner		DATE SIGNED Nov. 12, 1955	
23. BURIAL, CREMATION, REINTERMENT (Specify) Burial		DATE THEREOF Nov. 14, 1955	
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) (State) Frederick, Maryland	

DATE REC'D BY LOCAL REG. 14 Nov. 1955		REGISTRAR'S SIGNATURE Elizabeth H. Hede		24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



10847 CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Frederick</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN			
<input checked="" type="checkbox"/> TOWN <u>Emmitsburg,</u>		<u>58 yrs.</u>		<u>Emmitsburg</u>		<input checked="" type="checkbox"/>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
<u>West Main Street</u>				<u>West Main Street</u>			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE OF DEATH: (Month) (Day) (Year)			
<u>Minnie Etta Hays</u>				<u>Nov. 5 1955</u>			
5. SEX: <u>Female</u>		6. COLOR OR RACE: <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>		8. DATE OF BIRTH: <u>Aug. 9, 1872</u>	
				9. AGE last birthday: <u>83</u> yrs		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Housewife</u>				10B. KIND OF BUSINESS OR INDUSTRY: <u>Own Home</u>		11. BIRTHPLACE (State or foreign country): <u>Frederick Co. Maryland</u>	
13. FATHER'S NAME: <u>J. Calvin Fox</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
15. WAS DECEASED EVER IN U.S. ARMY OR NAVY (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS: <u>Sarah L. Forney</u> <u>West Main St. Emmitsburg, Md.</u>	
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
<u>490X</u> IMMEDIATE CAUSE				(A) <u>Pneumonia, lobar, left lower lobe</u> <u>8 days</u>			
ANTECEDENT CAUSE (B)				(B) <u>Carcinoma Right breast - generalized metastasis</u> <u>5 years</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST				(C)			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>July 9</u> , 1954, to <u>Nov 5</u> , 1955, that I last saw the deceased alive on <u>Nov 5</u> , 1955, and that death occurred at <u>9:20 A.M.</u> , from the causes and on the date stated above.							
SIGNATURE <u>Charles R. Williams</u>				ADDRESS <u>Emmitsburg Md.</u>		DATE SIGNED <u>Nov. 5, 1955</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Nov. 7, 1955</u>		<u>Mt. View</u>		<u>Emmitsburg, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>Nov. 6, 1955</u>		<u>Thos. S. Brown</u>		<u>Ed. L. Allison</u>		<u>Emmitsburg Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians:— please write the causes of death clearly and legibly.



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1810830

10813 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <i>Frederick</i>		MARYLAND		STATE <i>Maryland</i> COUNTY <i>Frederick</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Brunswick</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) <i>Frederick</i>		LENGTH OF STAY (in this place) <i>12 days</i>		STREET ADDRESS (If rural give location) <i>121 West "13"</i>			
3. NAME OF DECEASED: (Type or Print)				4. DATE (Month) (Day) (Year) OF DEATH			
11 <i>11</i> <i>69</i> <i>Female</i>		<i>Mary Eva</i>		<i>HOGAN</i>		<i>NOV. 24 1955</i>	
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED		8. DATE OF BIRTH	
<i>Female</i>		<i>White</i>		<i>Widowed</i>		<i>3-21-1879</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		9. AGE last birthday (If under 1 year)		12. CITIZEN OF WHAT COUNTRY?	
<i>Housewife</i>		<i>Home</i>		<i>76 yrs</i>		<i>U. S. A</i>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<i>Phillip Pearl</i>				<i>Agnes Emale</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) (If Yes, give war or dates of service)				17. INFORMANT & ADDRESS			
<i>No</i>				<i>Mrs. H. L. Brown, Brunswick Md.</i>			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATH			
9542 IMMEDIATE CAUSE				36 hrs.			
ANTECEDENT CAUSE (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST							
260X							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
<i>Diabetes Mellitus + Fracture rt hip.</i>							
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION			
<i>18 Nov 1955</i>				<i>Reduction + nailing fracture rt. femur</i>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				21B. PLACE (Home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
<input checked="" type="checkbox"/>				<i>Home</i>		<i>Brunswick, Fred. Md.</i>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input checked="" type="checkbox"/> at work at work		21F. HOW DID INJURY OCCUR?	
<i>Nov. 11 1955 ? M.</i>				<input checked="" type="checkbox"/> <i>He slipped and fell</i>			
22. I hereby certify that I attended the deceased from <i>12 Nov. 1953</i> , to <i>24 Nov. 1953</i> , that I last saw the deceased alive on <i>23 Nov. 1953</i> , and that death occurred at <i>9:20 A.M.</i> from the causes and on the date stated above.							
SIGNATURE				ADDRESS		DATE SIGNED	
<i>Charles H. Conley, Jr.</i>				<i>M. D. Frederick Md.</i>		<i>24 Nov 1955</i>	
23. BURIAL, CREMATION, REMOVAL, (SPECIFY)				NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<i>Burial</i>				<i>Park Heights</i>		<i>Brunswick Md</i>	
DATE REC'D BY LOCAL REGISTRAR				REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS	
<i>Nov 26, 1955</i>				<i>Elizabeth B. Hark</i>		<i>C. H. Fitch & Son Brunswick Md</i>	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10831

10814

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>210 E. Church St</u>		STREET ADDRESS (If rural, give location) <u>210 East Church</u>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>EDWARD</u> <u>-</u> <u>JAMES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov.</u> <u>13</u> <u>1955</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, REMOVED , (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Sept 1 1864</u>
9. AGE last birthday <u>91</u> yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sailor</u>	11. BIRTHPLACE (State or foreign country) <u>Md</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
13. FATHER'S NAME <u>Wm H. James</u>	14. MOTHER'S MAIDEN NAME <u>Anna Albough</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If year, give war or dates of service)	
16. SOCIAL SECURITY No. <u>-</u>	17. INFORMANT <u>E. Austin James</u>		

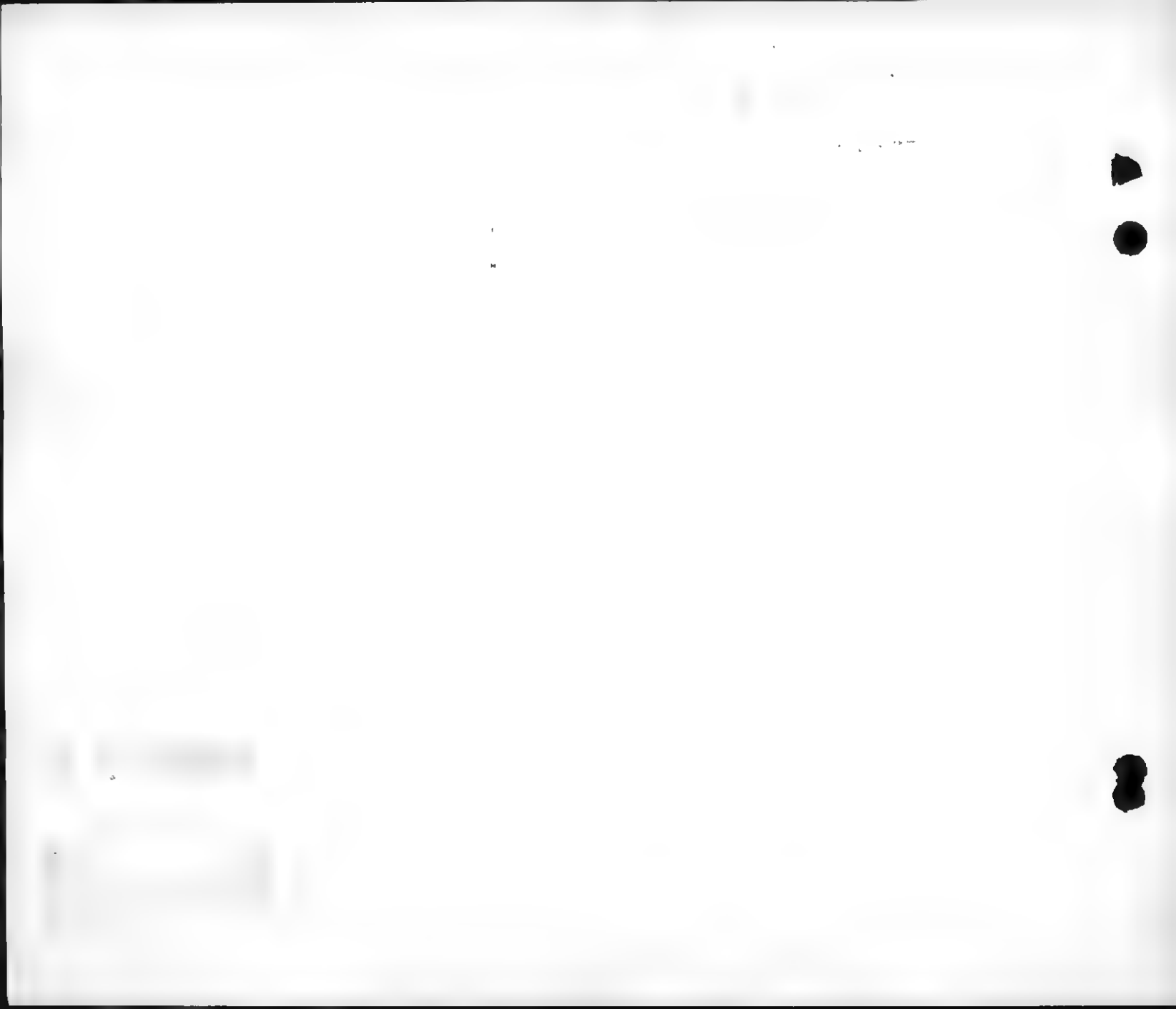
18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
450.0 Immediate cause (a) <u>Generalized arteriosclerosis with heart failure</u>		<u>70 yrs. +</u>
Antecedent cause(s) (b) _____		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of the prostate</u>		<u>10 yrs.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
21. SUICIDE	INJURY	
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
OF INJURY		

22. I hereby certify that I attended the deceased from Nov, 1953, to Nov 13, 1955, that I last saw the deceased alive on Nov 13, 1955, and that death occurred at 9:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) <u>Henry V. Chase M.D.</u>		ADDRESS <u>48 Church St. Frederick Md</u>		DATE SIGNED <u>11/14/55</u>
23. BURIAL, CREMATION, REMOVAL (Specify)	DATE <u>11/15/55</u>	NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>	LOCATION (City, town, or county) <u>Frederick, Frederick Md</u>	(State) <u>Md</u>
DATE REC'D BY LOCAL REG. <u>14 Nov. 1955</u>	REGISTRAR'S SIGNATURE <u>Elizabeth S. Heck</u>	24. FUNERAL DIRECTOR <u>Harry E. Carls Co. Frederick Md.</u>	ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



10815

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH.		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Frederick</u> MARYLAND		STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Frederick</u> LENGTH OF STAY (In this place) <u>1</u> Years		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Frederick-Rural R. F. D. #5,</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Abbot Nursing Home</u>		STREET ADDRESS (If rural give location) <u>Near Braddock Heights</u>	
3. NAME OF DECEASED: (First) (Middle) (Last)		4. DATE (Month) (Day) (Year)	
BESSIE REBECCA KIMMEL		OF DEATH: November 20, 1955	
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH: <u>August 20, 1900</u>
9. AGE last birthday <u>55</u> yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Domestic</u>	
11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Cornelius Wachter</u>		14. MOTHER'S MAIDEN NAME: <u>Rosie Engle</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT & ADDRESS: <u>Mr. John H. Kimmel, Frederick R.F.D.#5, Md.</u>			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) <u>Carcinoma of Lungs</u>			<u>4 mo?</u>
ANTECEDENT CAUSE (B) <u>Carcinoma cervix (known 1952)</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>Many Metastatic Areas in Lungs</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION: <u>—</u>	19b. MAJOR FINDINGS OF OPERATION: <u>X-ray to cervix 1952.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, street, office bldg., etc.)	21c. WHERE DID (City or town) (County) (State)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Aug. 1955</u> , to <u>Nov 20, 1955</u> , that I last saw the deceased alive on <u>Nov 18, 1955</u> , and that death occurred at <u>1:32 AM</u> , from the causes and on the date stated above.			
SIGNATURE <u>J E Harp</u>		DATE SIGNED <u>11/22/1955</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Nov. 22, 1955</u>	NAME OF CEMETERY OR CREMATORY <u>Bretheran Cemetery</u>
		LOCATION (City, town, or county) <u>Burkittsville, Md.</u>	(State)
DATE REC'D BY LOCAL REGISTRAR <u>22 Nov. 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth G. Hack</u>	24. FUNERAL DIRECTOR ADDRESS <u>M. R. Etchison & Son, Frederick, Maryland</u>

MARGIN RESERVED FOR BINDING

VS. A15--10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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10848 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
<input checked="" type="checkbox"/> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick-Rural-R.D.#1		<input checked="" type="checkbox"/> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick-Rural-R.D.#1,	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mount Pleasant		STREET ADDRESS (If rural give location) Mount Pleasant	
3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) ALICE	(Middle) JESSIE	(Last) LOCHNER	(Month) November (Day) 23 (Year) 1955
5. SEX: Female		6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: March 4, 1885		9. AGE last birthday: 70 yrs.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper		10B. KIND OF BUSINESS OR INDUSTRY: Domestic	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: George A. Stevens		14. MOTHER'S MAIDEN NAME: Mary E. Wagner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No		16. SOCIAL SECURITY NO. 212-03-3041	
17. INFORMANT & ADDRESS: Frederick, R. D. #1, Md. Miss. Fannie Blanche Stevens,			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
420.1 IMMEDIATE CAUSE		Minutes	
ANTECEDENT CAUSE (S)		years	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		(A) Coronary occlusion	
(B) Generalized arteriosclerosis		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June, 1954, to 12/20, 1955, that I last saw the deceased alive on 11/16, 1955, and that death occurred at 5:30AM, from the causes and on the date stated above.			
SIGNATURE James B. Thomas		ADDRESS Frederick, Maryland	
DATE SIGNED November 25, 1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Nov. 26, 1955	
NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery		LOCATION (City, town, or county) Frederick County, Maryland	
DATE REC'D BY LOCAL REGISTRAR 25 Nov 1955		REGISTRAR'S SIGNATURE Elizabeth Heck	
24. FUNERAL DIRECTOR		ADDRESS	
M. R. Etchison & Son, Frederick, Maryland			

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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10816
CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH.				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>				OR TOWN <u>Middletown</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED: (Type or Print) <u>Angus</u> (First) <u>Joseph</u> (Middle) <u>Long</u> (Last)				4. DATE (Month) (Day) (Year) OF DEATH: <u>November 8, 1955</u>			
5. SEX: <u>Male</u>		6. COLOR OR RACE: <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Single</u>		8. DATE OF BIRTH: <u>Aug. 25, 1902</u>	
				9. AGE last birthday <u>53</u> yrs.		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Laborer</u>				10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>	
13. FATHER'S NAME: <u>George E. Long</u>				14. MOTHER'S MAIDEN NAME: <u>Fannie C. Haupt</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): (If Yes, give war or dates of service) <u>Yes</u> <u>WWI</u>				17. INFORMANT & ADDRESS: <u>224 East Church Street, Clyde O. Young, Jr., Frederick, Maryland</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE (A) <u>Infarction of myocardium</u>		<u>24 hr.</u>
ANTECEDENT CAUSE (B) <u>Arteriosclerotic coronary thrombosis</u>		<u>24 hr.</u>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		
(C) <u>Acute pulmonary edema</u>		<u>1 hr.</u>

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc)	21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from <u>11/7</u> , 19 <u>55</u> , to <u>11/8</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11/8</u> , 19 <u>55</u> , and that death occurred at <u>7 A</u> M, from the causes and on the date stated above.			
SIGNATURE <u>Henry V. Chase</u>		ADDRESS <u>M. D. 4 E. Church St. Frederick</u>	
DATE SIGNED <u>11/8/55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>	DATE THEREOF <u>Nov. 11, 1955</u>	NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>	LOCATION (City, town, or county) (State) <u>Middletown, Maryland</u>
DATE REC'D BY LOCAL REGISTRAR <u>10 Nov 1955</u>	REGISTRAR'S SIGNATURE <u>Elizabeth S. Heck</u>	24. FUNERAL DIRECTOR ADDRESS <u>M. R. Etchison & Son, Frederick, Maryland</u>	

MARGIN RESERVED FOR BINDING



10817 CERTIFICATE OF DEATH

Reg. Dist. No. 131.....

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	LENGTH OF STAY (in this place) Years	CITY (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural* R.F.D.#1	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS (If rural give location) Mokaig	
3. NAME OF DECEASED: (First) (Middle) (Last) CAROLINE ELIZABETH MASSER		4. DATE (Month) (Day) (Year) OF DEATH: November 20, 1955	
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE MARRIED WIDOWED DIVORCED: Married	8. DATE OF BIRTH: December 13, 1878
9. AGE last birthday: 76 yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife		10B. KIND OF BUSINESS OR INDUSTRY: Domestic	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: John H. Brown		14. MOTHER'S MAIDEN NAME: Hannah Shepley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT & ADDRESS: Mr. John F. Masser, Frederick, R.D.#1, Md.			
18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
465X IMMEDIATE CAUSE			
ANTECEDENT CAUSE (S)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		3 days	
(A) Massive Thrombosis			
DUE TO			
(B) Pulmonary embolism			
DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. (If either, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 10, 1955, to Nov. 20, 1955 that I last saw the deceased alive on Nov. 20, 1955, and that death occurred at 11:50 A.M. from the causes and on the date stated above.			
SIGNATURE <i>B. J. Shepley</i>		M. D. Frederick, Maryland 11/22/1955	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Nov. 22, 1955	
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 22 Nov. 1955		REGISTRAR'S SIGNATURE Elizabeth S. Heck	
24. FUNERAL DIRECTOR M. R. Etchison & Spn, Frederick, Maryland		ADDRESS	

BONNELL V. S.

NO. 1

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10818

10836

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 131

Reg. Dist.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <i>Frederick</i>		MARYLAND		STATE <i>Maryland</i> COUNTY <i>Washington</i>			
CITY (If outside corporate limits, write RURAL OR and give nearest town) <i>Frederick</i>		LENGTH OF STAY (In this place) <i>1 hr.</i>		CITY (If outside corporate limits write RURAL and give nearest town) <i>Frederick</i>		<i>21-03-2</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Memorial Hospital</i>				STREET ADDRESS (If rural, give location) <i>122 Common St.</i>			
3. NAME OF DECEASED: (First) <i>Stirling</i> (Middle) <i>A.</i> (Last) <i>Winters</i>				4. DATE OF DEATH (Month) <i>November</i> (Day) <i>1</i> (Year) <i>1955</i>			
5. SEX: <i>Female</i>		6. COLOR OR RACE: <i>White</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <i>Single</i>		8. DATE OF BIRTH: <i>12/13/1937</i>	
9. AGE last birthday: <i>17</i> yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <i>Intern</i>		10b. KIND OF BUSINESS OR INDUSTRY: <i>Hospital</i>		11. BIRTHPLACE (State or foreign country): <i>Maryland</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>				13. FATHER'S NAME: <i>Ronald L. Winters</i>			
14. MOTHER'S MAIDEN NAME: <i>Harold L. Winters</i>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <i>None</i> (If Yes, give war or dates of service)			
16. SOCIAL SECURITY NO.: <i>None</i>				17. INFORMANT & ADDRESS: <i>Dr. J. H. Winters, 122 Common St.</i>			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:							
823X Immediate cause (a)..... <i>Ruptured Liver</i> DUE TO							
Antecedent cause(s) (b)..... Diseases or conditions, if any, giving rise to the above cause DUE TO							
stating underlying cause last (c)							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH							
19a. DATE OF OPERATION:				19b. MAJOR FINDING OF OPERATION:			
20. AUTOPSY? <i>Yes</i> <input checked="" type="checkbox"/> No <input type="checkbox"/>							
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY <i>Highway</i>		21c. (City or town) <i>Frederick</i> (County) <i>Wet</i> (State)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>Nov. 1/1955 7:55 P.M.</i>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Auto ran into back of truck</i>			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE <i>B. L. Winters</i>				M. D. <i>Nov 1-55</i>			
23. BURIAL, CREMATION, REMOVAL (Specify): <i>Burial</i>		DATE THEREOF <i>1/4/55</i>		NAME OF CEMETERY OR CREMATORY <i>Frederick Cemetery</i>		LOCATION (City, town, or county) (State) <i>Frederick Md.</i>	
DATE REC'D BY LOCAL <i>Nov. 3, 1955</i>		REGISTRAR'S SIGNATURE <i>Elizabeth B. Heck</i>		24. FUNERAL DIRECTOR <i>W. J. Winters</i>		ADDRESS <i>122 Common St.</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10849 CERTIFICATE OF DEATH

10837

Reg. Dist. No. 131

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Frederick		STATE Maryland		COUNTY Frederick			
<input checked="" type="checkbox"/> CITY (If outside corporate limits, write RURAL and give nearest town) Rural-Frederick		LENGTH OF STAY (in this place) 3 yrs.		<input checked="" type="checkbox"/> CITY (If outside corporate limits, write RURAL and give nearest town) Rural-Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick County Home				STREET ADDRESS (If rural give location) Frederick County Home			
3. NAME OF DECEASED				4. DATE OF DEATH			
(First) Thomas		(Middle) Franklin		(Last) McCabe			
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, Divorced , (Specify) Widowed		8. DATE OF BIRTH March 7 1879	
9. AGE last birthday 76 yrs.		IF UNDER 1 YEAR		IF UNDER 24 HRS.			
		Months		Days		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY Day Work		11. BIRTHPLACE (State or foreign country) Pennsylvania	
12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME Joseph McCabe				14. MOTHER'S MAIDEN NAME Catherine Marquart			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. 218-09-3683		17. INFORMANT & ADDRESS 2620 Reel St. Harry McCabe (brother) Harrisburg-Pa.			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
420.1 IMMEDIATE CAUSE (A) Coronary Thrombosis				INTERVAL BETWEEN ONSET AND DEATH 1 min.			
ANTECEDENT CAUSE(S) DUE TO (B) Advanced Diabetes							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> A. <input type="checkbox"/> P. <input type="checkbox"/>		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> Not at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1912 to 1955, that I last saw the deceased alive on 1955, and that death occurred at 11 A.M. from the causes and on the date stated above.							
SIGNATURE H. H. Hine				M.D. Frederick		ADDRESS (Street, city, town, state) 7611 17th St.	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 11-19-1955		NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		LOCATION (City, town, or county) (State) Frederick-Maryland	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE Elizabeth G. Heck		25. FUNERAL DIRECTOR'S SIGNATURE C. E. Hine		ADDRESS Frederick-Md.	
DATE 17 Nov. 1955							

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10819 CERTIFICATE OF DEATH

Reg. Dist. No. 131 10839

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Frederick</u>	MARYLAND	STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	LENGTH OF STAY (in this place) <u>Life</u>	CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>415 West Patrick Street</u>		STREET ADDRESS (If rural give location) <u>415 West Patrick Street</u>	
3. NAME OF DECEASED: (First) (Middle) (Last) <u>GEORGIANNA</u> <u>McLANE</u>		4. DATE (Month) (Day) (Year) OF DEATH <u>November 19, 1955</u>	
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Widow</u>	8. DATE OF BIRTH: <u>September 4, 1867</u>
9. AGE last birthday <u>88</u> yrs.		10. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Home</u>	
11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>George L. Stull</u>		14. MOTHER'S MAIDEN NAME: <u>Hannah A. M. Young</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT & ADDRESS: <u>415 West Patrick Street</u> <u>Mr. David P. Stull, Frederick, Maryland</u>			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) <u>Diabetes Mellitus</u>			<u>14 yrs.</u>
ANTECEDENT CAUSE (B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>Arterio Sclerosis</u>			<u>20 yrs.</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Cerebral Hemorrhage</u>			<u>1 mo.</u>
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov 18, 1955</u> to <u>Nov 18, 1955</u> , that I last saw the deceased alive on <u>Nov 18, 1955</u> , and that death occurred at <u>2:30 AM</u> , from the causes and on the date stated above.			
SIGNATURE <u>H. H. Kene</u>		M. D. <u>Frederick, Maryland</u> DATE SIGNED <u>11/21/1955</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Nov. 21, 1955</u>	
NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>Nov. 21, 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth B. Heck</u>	
24. FUNERAL DIRECTOR <u>M. R. Etchison & Son</u>		ADDRESS <u>Frederick, Maryland</u>	

MARGIN RESERVED FOR BINNING

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10820 CERTIFICATE OF DEATH

Reg. Dist. No. 10840

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Md.</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
11 <u>TOWN Frederick</u>		<u>15 days</u>		TOWN <u>Thurmont</u>		<u>X</u>	
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year)			
<u>Dorothy L. Miller</u>				DATE OF DEATH <u>11 15 1955</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. SINGLE MARRIED <u>MARRIED</u>		8. DATE OF BIRTH: <u>3/2/16</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		9. AGE last birthday: <u>39</u> yrs. <u>8</u> Months <u>8</u> Days <u>8</u> Hours <u>8</u> Min.		11. BIRTHPLACE (State or foreign country): <u>Frederick co. Md.</u>	
<u>house-wife</u>		<u>Own Home</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME: <u>Charles E. Heim</u>				14. MOTHER'S MAIDEN NAME: <u>Stella A. Castle Heim</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>220-28-7804</u>			
17. INFORMANT & ADDRESS: <u>James C. Miller-Thurmont, Md. Rt. #1</u>							
15. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Uremia</u>						<u>2 WKS.</u>	
ANTECEDENT CAUSE (B) <u>Hypertensive Cardiovascular Disease</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>malignant type.</u>						<u>2 yrs</u>	
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>11/18/55</u>				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory or INJURY street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11/11</u> , 1955, to <u>11/15</u> , 1955, that I last saw the deceased alive on <u>11/14</u> , 1955, and that death occurred at <u>10²⁵</u> A M, from the causes and on the date stated above.							
SIGNATURE <u>Henry V. Chase M.D.</u>				ADDRESS <u>4 E Church St</u>		DATE SIGNED <u>11/15/55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATION		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>11/18/55</u>		<u>Blue Ridge Cemetery</u>		<u>Thurmont, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>11 Nov. 1955</u>		REGISTRAR'S SIGNATURE <u>Eligible S. H. H.</u>		24. FUNERAL DIRECTOR <u>M.L. Creager & Son</u>		ADDRESS <u>Thurmont, Md.</u>	

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MARYLAND STATE DEPARTMENT OF HEALTH

10850. CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

Item File 3189 11-28-55 e

1. PLACE OF DEATH COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Near Walkersville		LENGTH OF STAY (In this place) Years		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Walkersville	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crum Road				STREET ADDRESS (If rural, give location) Main Street	
3. NAME OF DECEASED (Type or Print)		(First) HARRY (Middle) ANDREW (Last) EYLER		4. DATE OF DEATH (Month) November (Day) 19, (Year) 1955	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 24, 1906	9. AGE last birthday 48 yrs. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill Room		10b. KIND OF BUSINESS OR INDUSTRY Brush Company		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Andrew C. Morgan		14. MOTHER'S MAIDEN NAME Carrie Bell Eyler			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes		16. SOCIAL SECURITY No. 214-10-2468		17. INFORMANT AND ADDRESS Mrs. Francis R. Morgan, Walkersville, Maryland	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

9733 Immediate cause

(a)

Carbon Monoxide

INTERVAL BETWEEN ONSET AND DEATH

15 minutes

Antecedent cause(s)

Disease or conditions, if any, giving rise to the above cause, stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.PLACE (Home, farm, factory, street, office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐ suicide ☒ homicide ☐ undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

22 Nov. 1955

Eligible to Sign

M. R. Etchison & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10842

10851 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lime Kiln	LENGTH OF STAY (in this place) Years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lime Kiln	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year) OF DEATH:	
(First) BLANCHE	(Middle) MARIE	(Last) MULLINEAUX	November 19, 1955
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED: Married	8. DATE OF BIRTH: August 15, 1901
		9. AGE last birthday: 54 yrs.	IF UNDER 1 YEAR: Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress		10B. KIND OF BUSINESS OR INDUSTRY: Sewing Factory	11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME: Thomas F. DeGrange		14. MOTHER'S MAIDEN NAME: Irma V. Heffner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. 215-03-6143	
17. INFORMANT & ADDRESS: Mr. Earl R. Mullineaux, Lime Kiln, Maryland			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) 157X Carcinoma of pancreas or stomach, metast.			6 mo.
ANTECEDENT CAUSE (B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work	
		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 18, 1955, to Nov 19, 1955, that I last saw the deceased alive on Nov 19, 1955, and that death occurred at 8:10 PM, from the causes and on the date stated above.			
SIGNATURE		DATE SIGNED	
R. R. Martin		11/22/1955	
M. D. Frederick, Maryland			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Nov. 23, 1955	
NAME OF CEMETERY OR CREMATORY Lutheran Cemetery		LOCATION (City, town, or county) Middletown, Maryland	
DATE REC'D BY LOCAL REGISTRAR 22 Nov. 1955		REGISTRAR'S SIGNATURE Elizabeth B. Heck	
24. FUNERAL DIRECTOR		ADDRESS	
M. R. Etchison & Son, Frederick, Maryland			

BRITISH A. B.

10852 CERTIFICATE OF DEATH

10843

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR TOWN Rural Emmitsburg, X	
X TOWN Rural Emmitsburg		3 yrs.		STREET ADDRESS (If rural give location)		1	
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D.#3				STREET ADDRESS R.D.#3			
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
Frank Joseph O'Brien				November 17, 1955			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
Male	White	Widowed	MAY 1, 1881	74 yrs.	Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Salesman				Troy, New York		U.S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
William O'Brien				Margaret Bastable			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
No		None		Elena B. O'Brien Md. Emmitsburg, R3			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						4 days	
4500 IMMEDIATE CAUSE (A) Branchopneumonia							
ANTECEDENT CAUSE(S) DUE TO						years	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE						1 year	
STATING UNDERLYING CAUSE LAST. DUE TO							
(C) Malnutrition							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21a. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct 13, 1955, to Nov 17, 1955, that I last saw the deceased alive on Nov 17, 1955, and that death occurred at 11 A.M. from the causes and on the date stated above.							
SIGNATURE				ADDRESS (Street, city, town, state)		DATE SIGNED	
Charles R. Williams				Emmitsburg, Md.		Nov. 18, 1955	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		Nov. 21, 1955		New St. Joseph's		Emmitsburg, Maryland	
24. REC'D BY: REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE		S. L. Allison		S. L. Allison		Emmitsburg, Md.	

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MS AISC 1-55 10M

U.S. V. S.

1955



10821 CERTIFICATE OF DEATH

Reg. Dist. No.

12844

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	LENGTH OF STAY (in this place) 5 days	CITY (If outside corporate limits, write RURAL and give nearest town) Rural - Rt. 2 - Middletown, Md.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS (If rural give location) R. F. D. # 2	

3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) ROBERT	(Middle) HENDERSON	(Month) November	(Day) 18
(Type or Print)	(Last) PFEIL	(Year) 1955	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: May 2, 1887
9. AGE last birthday: 68 yrs.		10. BIRTHPLACE (State or foreign country): Maryland	
11. CITIZEN OF WHAT COUNTRY? USA			
12. FATHER'S NAME: George Henry Pfeil		13. MOTHER'S MAIDEN NAME: Ella Henderson	

14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Yes	15. SOCIAL SECURITY No.: 272-09-8984 A	16. INFORMANT & ADDRESS: Wife Mrs. Mary R. W. Pfeil - Rt. 2 - Middletown, Md.
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1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death 3 days 10 yrs. +
Immediate cause 443X Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (a) Cerebral Hemorrhage DUE TO (b) Hypertensive Cardiovascular Disease DUE TO (c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		12. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
13a. DATE OF OPERATION: 11/17/55	13b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/15, 1955 , to 11/18, 1955 , that I last saw the deceased alive on 11/17, 1955 , and that death occurred at 9:05 A.M. , from the causes and on the date stated above.			
SIGNATURE Henry V. Chase M.D.	(Degree or title) 4 E Church St	ADDRESS 11/18/55	DATE SIGNED
23. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE THEREOF Nov. 22, 1955	NAME OF CEMETERY OR CREMATORY Arlington National Cemetery	LOCATION (City, town, or county) (State) Arlington, Virginia
DATE REC'D BY LOCAL REGISTRAR 18 Nov. 1955	REGISTRAR'S SIGNATURE Elizabeth G. Herb	24. FUNERAL DIRECTOR C. E. Cline & Son - Frederick, Maryland	ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S. A. GUTHRIE

NOV

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10845
10822 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u> MARYLAND				STATE <u>Maryland</u> COUNTY <u>Frederick</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>				CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>				STREET ADDRESS (If rural give location) <u>480 West South Street</u>			
3. NAME OF DECEASED: (First) (Middle) (Last) <u>ERNEST SMITH SWEENEY POOLE</u>				4. DATE (Month) (Day) (Year) OF DEATH <u>November 21, 1955</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Widower</u>	8. DATE OF BIRTH: <u>January 9, 1892</u>	9. AGE last birthday <u>63</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>				10B. KIND OF BUSINESS OR INDUSTRY: <u>Plumbing Co.</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13. FATHER'S NAME: <u>Millard D. Poole</u>			
14. MOTHER'S MAIDEN NAME: <u>Mary Catherine Sweeney</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>			
16. SOCIAL SECURITY NO. <u>214-10-5683</u>				17. INFORMANT & ADDRESS: <u>Mrs. Mary C.E. Barthlow, Frederick, Md.</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
331X IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING UNDERLYING CAUSE LAST.						(A) <u>Cerebral vascular accident with left hemiplegia</u> DUE TO (B) DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>Nov 21, 1955</u>				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Oct 28, 1955</u> , to <u>Nov 21, 1955</u> that I last saw the deceased alive on <u>Nov 21, 1955</u> , and that death occurred at <u>9:25 A.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>R. B. Martin</u>		M. D. <u>Frederick, Maryland</u>		DATE SIGNED <u>11/22/1955</u>			
23. BURIAL CREMATION, REMOVED (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Nov. 23, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>22 Nov. 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth B. Heck</u>		24. FUNERAL DIRECTOR <u>M. R. Etchison & Son, Frederick, Maryland</u>		ADDRESS	

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10823

CERTIFICATE OF DEATH

Reg. Dist. No. 131.....

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <i>Frederick</i>		MARYLAND		STATE <i>md</i>		COUNTY <i>Frederick</i>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN			
<i>11</i> <i>Frederick</i>		<i>2 days</i>		<i>Frederick</i>		<i>11</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
<i>67</i> <i>Frederick Memorial Hosp.</i>				<i>31 S. Bentz St.</i>			
3. NAME OF DECEASED:				4. DATE (Month) (Day) (Year) OF DEATH:			
(Type or Print) <i>Charles Richard</i> (Middle) <i>Ragland</i> (Last) <i>jr.</i>				<i>Nov. 7 1955</i>			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
<i>Male</i>	<i>Colored</i>		<i>Nov 6, 1955</i>	<i>—</i> yrs.	<i>—</i> Months	<i>2</i> Days	<i>—</i> Hours <i>—</i> Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):		10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
<i>—</i>		<i>—</i>		<i>Maryland</i>		<i>—</i>	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<i>Charles Richard Ragland</i>				<i>Bessie Mae Rundleton</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS:			
<i>—</i>		<i>—</i>		<i>Mother - 31 S. Bentz St. Frederick, Md</i>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) DUE TO <i>Intra cranial hemorrhage</i>						<i>2 days.</i>	
ANTECEDENT CAUSE (B) DUE TO <i>Hemorrhagic Disease of newborn</i>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>11-6</i> , 19 <i>55</i> , to <i>11-7</i> , 19 <i>55</i> , that I last saw the deceased alive on <i>11-7</i> , 19 <i>55</i> , and that death occurred at <i>6:10 P.M.</i> , from the causes and on the date stated above.							
SIGNATURE <i>Frederick P. M.D.</i>		ADDRESS <i>220 N. Market St.</i>		DATE SIGNED <i>11-7-55</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<i>BURIAL</i>		<i>Nov. 10-55</i>		<i>FAIRVIEW</i>		<i>Frederick - Md.</i>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<i>Nov. 1955</i>		<i>Elizabeth G. Heck</i>		<i>Charles E. Hicks III</i>		<i>Fred. Md.</i>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



10824 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>md</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Frederick</u>		LENGTH OF STAY (in this place) <u>20 hrs.</u>		If outside corporate limits, write RURAL and give nearest town) <u>Walkersville</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Fred. Memorial Hospital</u>				STREET ADDRESS (If rural give location) <u>Fulton Ave.</u>			
3. NAME OF DECEASED: (Type or Print) <u>GEORGE W. RICE</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>Nov. 3 1955</u>			
5. SEX: <u>M</u>		6. COLOR OR <u>W</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married</u>		8. DATE OF BIRTH: <u>July 4, 1876</u>	
9. AGE last birthday: <u>79</u> yrs.		10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Mail Carrier</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Rural</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>				13. FATHER'S NAME: <u>Isiah Rice</u>			
14. MOTHER'S MAIDEN NAME: <u>Georgianna Clem</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>			
16. SOCIAL SECURITY NO. <u>71-70</u>				17. INFORMANT & ADDRESS: <u>Mrs. Nora Rice, Walkersville, Md.</u>			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Shock</u>				<u>15 hours</u>			
ANTECEDENT CAUSE (B) <u>Hemorrhage, gastric, etiology undetermined</u>				<u>24 hours</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>Chronic cholelithiasis</u>				<u>15 years</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Chronic Intestitis</u>				<u>12 years</u>			
19A. DATE OF OPERATION: <u>11</u>				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1 June, 1949</u> , to <u>3 Nov, 1955</u> , that I last saw the deceased alive on <u>2 Nov</u> , 1955, and that death occurred at <u>4:40 AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>James E. Storer</u>		ADDRESS <u>Walkersville Md</u>		DATE SIGNED <u>11/3/55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>11/5/55</u>		NAME OF CEMETERY OR CREMATORY <u>Mt. Hope cemetery</u>		LOCATION (City, town, or county) (State) <u>Walkersville Md</u>	
DATE REC'D BY LOCAL REGISTRAR <u>4 Nov. 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth G. Hack</u>		24. FUNERAL DIRECTOR <u>W.C. Barton</u>		ADDRESS <u>Walkersville, Md.</u>	

MARGIN RESERVED FOR BINDING

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

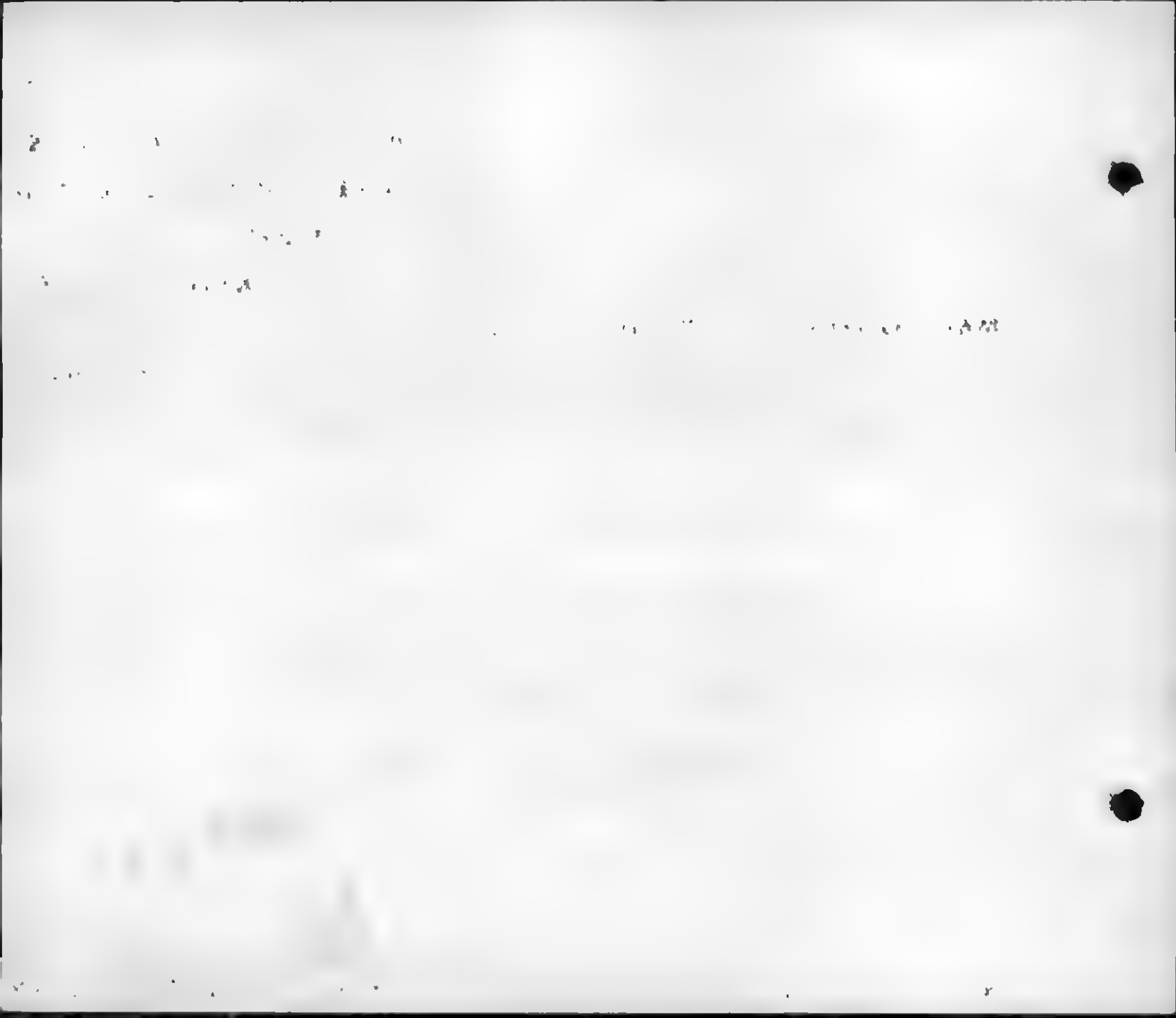
10825

CERTIFICATE OF DEATH

Reg. Dist. No. 131

10848

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u> LENGTH OF STAY (in this place) <u>8 days</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial</u>				STATE <u>MARYLAND</u> COUNTY <u>FREDERICK</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>EMMITSBURG MD</u> OR <u>RURAL</u> STREET ADDRESS (If rural give location) <u>RD #1</u>			
3. NAME OF DECEASED: (First) (Middle) (Last) <u>Charles FRANCIS Ridenour</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>NOV. 3 1955</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE: <u>WHITE</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>MARRIED</u>		8. DATE OF BIRTH: <u>MARCH 12, 1905</u>	
9. AGE last birthday: <u>50</u> yrs		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>LABOR</u>		11. BIRTHPLACE (State or foreign country): <u>FREDERICK CO. MD.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>EDWARD RIDENOUR</u>				14. MOTHER'S MAIDEN NAME: <u>CLARA WETZEL</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO.: <u>218-24-1522</u>			
17. INFORMANT & ADDRESS: <u>Mrs. Pauline Ridenour RD #1, MD.</u>				18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>416X</u> IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.				(A) <u>1. Rheumatic Heart disease</u> DUE TO <u>with congestive failure</u> (B) DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Bronchopneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs +</u>			
19A. DATE OF OPERATION: <u>11/2</u>				19B. MAJOR FINDINGS OF OPERATION <u>4 days</u>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory or INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10/27</u> , 19 <u>55</u> , to <u>11/3</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11/2</u> , 19 <u>55</u> , and that death occurred at <u>7 A</u> M, from the causes and on the date stated above.							
SIGNATURE <u>Henry V. Chase</u>				DATE SIGNED <u>NOV 7 1955</u>			
23. BURIAL, CREMATION, (SPECIFY) <u>BURIAL</u>		DATE THEREOF <u>NOV. 7, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>ST. ANTHONY'S SHRINE</u>		LOCATION (City, town, or county) (State) <u>EMMITSBURG RD #1 MD.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>Nov 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth B. Hebb</u>		24. FUNERAL DIRECTOR <u>S. L. Allison</u>		ADDRESS <u>Emmitsburg, Md.</u>	



INSTRUCTIONS

TO ATTENDING PHYSICIAN OR JAILER: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10833

CERTIFICATE OF DEATH

10849

Reg. Dist. No. 141

1. PLACE OF DEATH COUNTY Frederick CITY (If outside corporate limits, write RURAL OR TOWN) Brunswick HOSPITAL OR INSTITUTION OR STREET ADDRESS I22 7th.Avenue				2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick STREET ADDRESS I22 7th.Avenue			
3. NAME OF DECEASED (Type or Print) David (First) Riser (Last)				4. DATE OF DEATH (Month) II (Day) 29 (Year) 55			
5. SEX Male	6. COLOR OR White	7. SINGLE, MARRIED, DIVORCED, OR RE-MARRIED Married	8. DATE OF BIRTH II-22-1868		9. AGE last birthday 88 years		
10a. USUAL OCCUPATION (Give kind of work during last year, or if no work, give usual occupation, even if retired) Steam Engineer		10b. KIND OF BUSINESS OR INDUSTRY B & O R.R.Co		11. BIRTHPLACE (State or foreign country) West Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME George Riser				14. MOTHER'S MAIDEN NAME Elizabeth Cruthers			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS Ray Riser, Brunswick, Maryland			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 4.0 IMMEDIATE CAUSE (A) Arteriosclerosis ANTECEDENT CAUSE(S) DUE TO (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)				INTERVAL BETWEEN ONSET AND DEATH 10 yrs			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6/6 9:00 AM to 11/29 , 19 55 , that I last saw the deceased alive on 11/23 , 19 55 , and that death occurred at 4 M. from the causes and on the date stated above. SIGNATURE [Signature] ADDRESS (Street, city, town, state) [Address] DATE SIGNED 11/30/55 M.D. [Signature]							
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF 12-I-1955		NAME OF CEMETERY OR CREMATORY Park Heights		LOCATION (City, town, or county) (State) Brunswick, Maryland	
24. REC'D BY REGISTRAR DATE Dec 1-55		REGISTRAR'S SIGNATURE Kathryn H. Brown		25. FUNERAL DIRECTOR'S SIGNATURE C.H. Feete and Bro. Brunswick, Md.			

1900

W. A. W.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10826

CERTIFICATE OF DEATH

10850

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Frederick</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Frederick</u>
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	LENGTH OF STAY (in this place) <u>Years</u>	CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>7 West Third Street</u>		STREET ADDRESS (If rural give location) <u>7 West Third Street</u>	
3. NAME OF DECEASED: (First) (Middle) (Last) <u>ELIZABETH GILSON SCHROEDER</u>		4. DATE (Month) (Day) (Year) OF DEATH: <u>November 7, 1955</u>	
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): <u>Widow</u>	8. DATE OF BIRTH: <u>July 23, 1874</u>
9. AGE last birthday: <u>81</u> yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Home</u>	11. BIRTHPLACE (State or foreign country): <u>Maryland</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME: <u>Charles A. Gilson</u>	
14. MOTHER'S MAIDEN NAME: <u>Harriett E. Morrison</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO.: <u>None</u>		17. INFORMANT & ADDRESS: <u>431 North Market St.</u> <u>Mrs. Marie E.G. Hudson, Frederick, Md.</u>	
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
332 X IMMEDIATE CAUSE (A) <u>Cerebral Thromboses, Multiple</u>			<u>3 days</u>
ANTECEDENT CAUSE (B) <u>Cerebral Thromboses</u>			<u>9 months</u>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>Cerebral Arteriosclerosis</u>			<u>1 year</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Hypertensive Cardiovascular Disease</u>			<u>5 years</u>
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>9.00 a.m.</u> , 19 <u>55</u> , to <u>7.00 p.m.</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7.00 p.m.</u> , 19 <u>55</u> , and that death occurred at <u>4:45 P.M.</u> , from the causes and on the date stated above.			
SIGNATURE <u>Thomas E. Stone</u>		ADDRESS <u>Frederick, Maryland</u>	
DATE SIGNED <u>11/8/1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>	DATE THEREOF <u>Nov. 10, 1955</u>	NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>	LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>
DATE REC'D BY LOCAL REGISTRAR <u>10 Nov. 1955</u>	REGISTRAR'S SIGNATURE <u>Elizabeth B. Hech</u>	24. FUNERAL DIRECTOR <u>M. R. Etchison & Son, Frederick, Maryland</u>	



10827

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH.		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick	LENGTH OF STAY (in this place) 4 Days	CITY (If outside corporate limits, write RURAL, and give nearest town) TOWN Frederick-Rural-R. F. D. #4 X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS (If rural give location) Church Hill	
3. NAME OF DECEASED: (First) (Middle) (Last) WILLIAM EVERS SHOOK		4. DATE (Month) (Day) (Year) OF DEATH November 30, 1955	
5. SEX. Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower	8. DATE OF BIRTH. July 24, 1873
9. AGE last birthday 82 yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10B. KIND OF BUSINESS OR INDUSTRY: Owner	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Daniel Shook		14. MOTHER'S MAIDEN NAME: Harriett Kintz	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT & ADDRESS: Mr. Murray D. Shook, Frederick, R.D. #4, Md.			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
420.1 IMMEDIATE CAUSE		(A) Acute coronary thrombosis 2 days	
ANTECEDENT CAUSE (S)		(B) Atherosclerotic cardiovascular disease 5 yrs. +	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11/28, 1955, to 11/30, 1955, that I last saw the deceased alive on 11/29, 1955, and that death occurred at 5:45A M, from the causes and on the date stated above.			
SIGNATURE Henry V Chase		M. D. Frederick, Maryland	
DATE SIGNED Nov. 30, 1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Dec. 2, 1955	
NAME OF CEMETERY OR CREMATORY St. Luke's Cemetery		LOCATION (City, town, or county) (State) Feagaville, Maryland	
DATE REC'D BY LOCAL REGISTRAR 30 Nov. 1955		REGISTRAR'S SIGNATURE Elizabeth B. Heck	
24. FUNERAL DIRECTOR M.R. Etchison & Son, Frederick, Maryland		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THOMAS A. T.

DEC 5 1911

RECEIVED

10328

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED.			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Md.</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Fred. Mem. Hosp.</u>				STREET ADDRESS (If rural give location) <u>627 Grant Place</u>			
3. NAME OF DECEASED: (First) (Middle) (Last) <u>Lola E Slifer</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>Nov. 11 1955</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>12-24-1878</u>	
9. AGE last birthday <u>76</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life) <u>Retired</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
13. FATHER'S NAME: <u>Charles F. M. Willard</u>				14. MOTHER'S MAIDEN NAME: <u>Mary Frances Cowles</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>			
17. INFORMANT & ADDRESS: <u>Mrs. William Saver, Frederick, Md.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>42-1</u>							
IMMEDIATE CAUSE (A) <u>Coronary Thrombosis</u>						6 hours	
ANTECEDENT CAUSE (B) <u>Arterio sclerosis coronary</u>						7 years	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>arteries</u>							
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov. 1</u> , 1953, to <u>Nov. 10</u> , 1955 that I last saw the deceased alive on <u>Nov. 11</u> , 1955, and that death occurred at <u>9:55 PM</u> , from the causes and on the date stated above.							
SIGNATURE <u>Bernard C. Thomas Jr.</u>				ADDRESS <u>Frederick Md</u>		DATE SIGNED <u>Nov. 11, 1955</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>11-13-55</u>		NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>		LOCATION (City, town, or county) (State) <u>Middletown, Md</u>	
DATE REC'D BY LOCAL REGISTRAR <u>11-11-55</u>		REGISTRAR'S SIGNATURE <u>Elizabeth B. Heck</u>		24. FUNERAL DIRECTOR <u>Gladihill Co., Middletown, Md.</u>		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10822 F-17-189 11-1-55 et
CERTIFICATE OF DEATH

Reg. Dist. No.

10853

1. PLACE OF DEATH:

COUNTY

Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL or and give nearest town)

11 TOWN

FREDERICK

LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE

Md.

COUNTY

Carroll

CITY (If outside corporate limits, write RURAL and give nearest town)

OR

Union Bridge-RURAL

(If rural give location)

STREET ADDRESS

3. NAME OF DECEASED.

(First)

Donald

(Middle)

Grosnick

(Last)

(Type or Print)

5 SEX

male

6. COLOR OR RACE:

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

married

8. DATE OF BIRTH:

Oct 14 - 1903

4. DATE (Month)

(Day)

(Year)

OF

DEATH:

Nov 12

1955

9. AGE last birthday

52 yrs.

IF UNDER 1 YEAR

IF UNDER 24 HRS.

Months

Days

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

TRUCK DRIVER - Western Md.

10B. KIND OF BUSINESS OR INDUSTRY:

DAIRY

11. BIRTHPLACE (State or foreign country):

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

DAVID W. STITELY

14. MOTHER'S MAIDEN NAME:

GRACE GERHARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

212-14-2493

17. INFORMANT & ADDRESS:

Alice Stitely Union Bridge Md

RURAL

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

200.0

IMMEDIATE CAUSE

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

(A) Reticulum Cell Sarcoma

DUE TO

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID (City or town) INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED While ☐ Not while ☐ at work ☐ at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1954, to Nov 12, 1955, that I last saw the deceased

alive on Nov. 12, 1955, and that death occurred at 12:45 P M, from the causes and on the date stated above.

SIGNATURE

ADDRESS

DATE SIGNED

Henry V Chase

M. D. 45 Church St Frederick

11/12/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

12 Nov. 1955

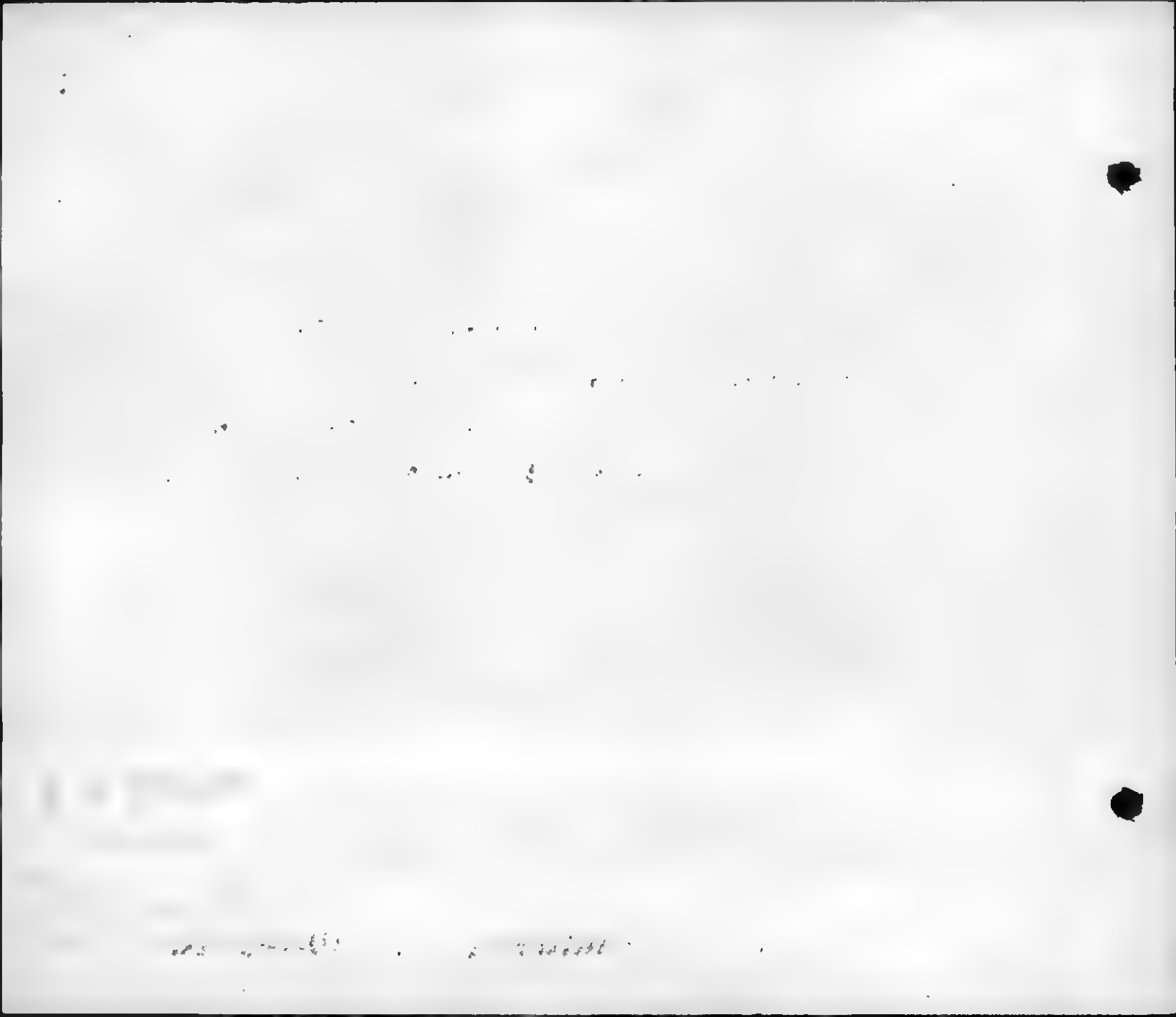
Elizabeth G. Hecker

C. W. Harty & Son

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



10930

10854

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

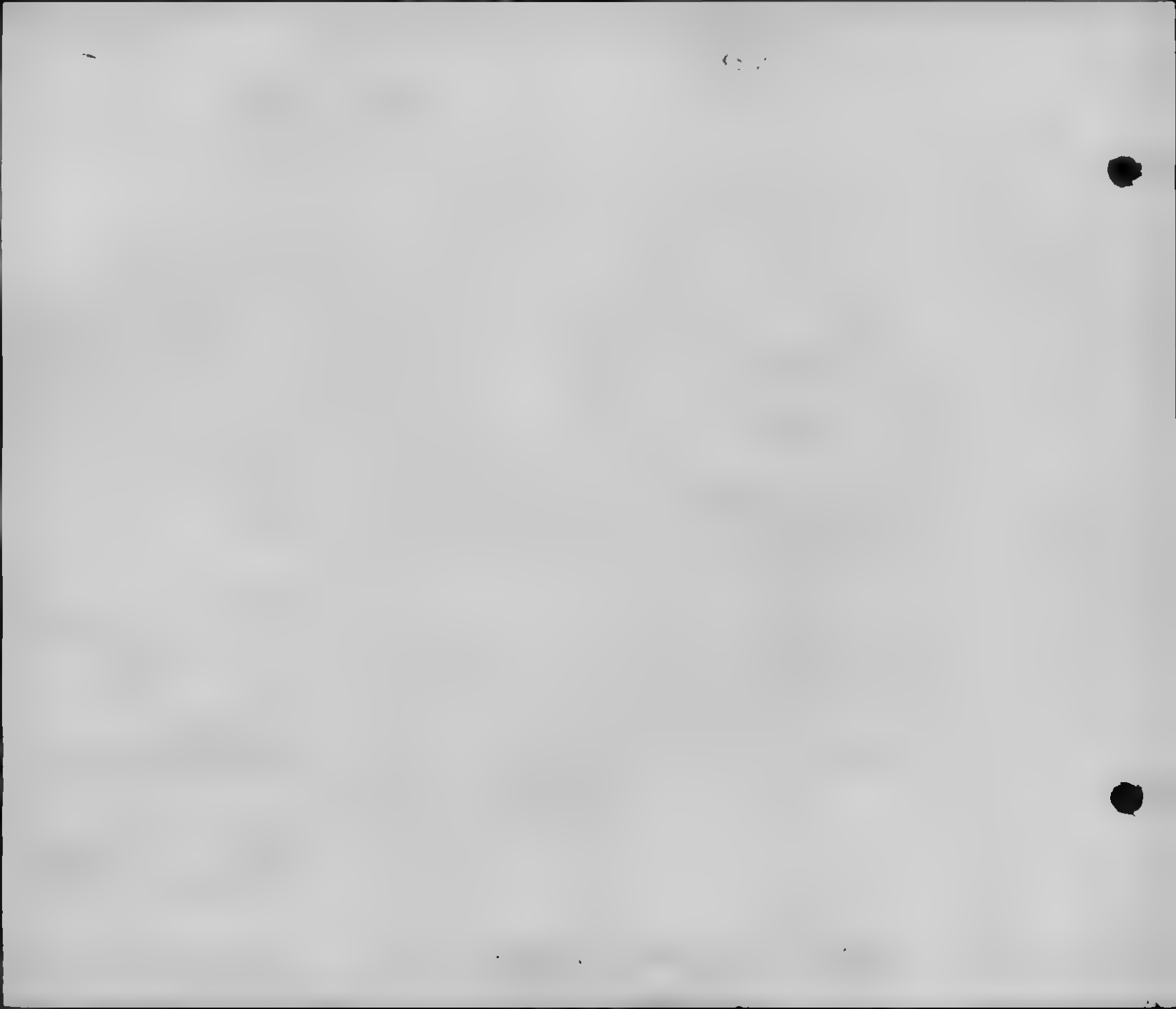
No. 12

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Frederick</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (In this place)	CITY (If outside corporate limits write RURAL and give nearest town)	OR
TOWN <u>Frederick</u>	<u>2 yrs.</u>	TOWN <u>Baltimore</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>		STREET ADDRESS (If rural, give location)	
		<u>5126 Wright Ave</u>	
3. NAME OF DECEASED:		4. DATE OF DEATH	
(First) <u>Carl</u>	(Middle) <u>Marion</u>	(Last) <u>Stoots</u>	(Month) <u>Nov</u> (Day) <u>4</u> (Year) <u>1955</u>
(Type or Print)			
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married</u>	8. DATE OF BIRTH: <u>3-19-19</u>
			9. AGE last birthday: <u>36</u> yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>FIREMAN - B & O R.R.</u>	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): <u>Pulaski - VA</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME: <u>John Stoots</u>		14. MOTHER'S MAIDEN NAME: <u>Emily Kane</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY No:	
		17. INFORMANT & ADDRESS: <u>MRS OCIE STOOTS - WRIGHT</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH: <u>3 1/2 hours</u>
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		
<u>800X</u> Immediate cause (a) <u>Fractured Skull</u> DUE TO Antecedent cause(s) (b) <u>.....</u> Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) <u>.....</u>		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: <u>Frederick</u>	21c. (City or town, County, State) <u>Frederick Maryland</u>
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>11 4 55/00 AM</u>	21e. INJURY OCCURRED While at work <input checked="" type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Jumped from demolition engine</u>
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .		
SIGNATURE <u>B. J. ...</u>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED <u>11/4/55</u> DEPUTY MEDICAL EXAMINER <input type="checkbox"/> M. D. ASSISTANT MEDICAL EXAM. <input type="checkbox"/>
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>	DATE THEREOF <u>11-8-55</u>	NAME OF CEMETERY OR CREMATORY <u>PULASKI Cemetery</u>
		LOCATION (City, town, or county) (State) <u>PULASKI - VIRGINIA</u>
DATE REC'D BY LOCAL REG. <u>NOV 7 - 1955</u>	REGISTRAR'S SIGNATURE <u>Elizabeth G. Hecker</u>	24. FUNERAL DIRECTOR <u>Edward J. Rick</u> ADDRESS <u>5305 N. ...</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



10853

CERTIFICATE OF DEATH

Reg. Dist. No. 147

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u> MARYLAND		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Rural - Mt. Airy</u>		STATE <u>Md.</u> COUNTY <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Rural - Mt. Airy</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Route 1 - Mt. Airy</u>		LENGTH OF STAY (In this place) <u>3 days</u>		STREET ADDRESS (If rural give location) <u>Route 1 - Mt. Airy</u>		2 mile west of Ridgeville	
3. NAME OF DECEASED: (First) <u>Mildred</u> (Middle) <u>Louise</u> (Last) <u>Tyler</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>Nov. 22 1955</u>			
5. SEX: <u>Female</u>		6. COLOR OR RACE: <u>colored</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>single</u>		8. DATE OF BIRTH: <u>Nov. 19, 1955</u>	
9. AGE last birthday <u>—</u> yrs.		10. MONTHS <u>3</u>		11. DAYS <u>3</u>		12. HOURS <u>—</u> MIN.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>—</u>				10B. KIND OF BUSINESS OR INDUSTRY: <u>—</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				13. FATHER'S NAME: <u>George Edward Tyler, Jr.</u>			
14. MOTHER'S MAIDEN NAME: <u>Minnie Lucille Williams</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <u>—</u> (If Yes, give war or dates of service)			
16. SOCIAL SECURITY NO. <u>—</u>				17. INFORMANT & ADDRESS: <u>Mrs. Lucille Williams</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Pulmonary Atelectasis (probable)</u>						2 hrs.	
ANTECEDENT CAUSE (B) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>—</u>				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov. 19, 1955</u> , to <u>Nov. 22, 1955</u> , that I last saw the deceased alive on <u>Nov. 22, 1955</u> , and that death occurred at <u>11 45 p.m.</u> , from the causes and on the date stated above.							
SIGNATURE <u>W.B. Culwell</u>		ADDRESS <u>Mt. Airy, Md.</u>		DATE SIGNED <u>Nov. 23, 1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>11-23-1955</u>		NAME OF CEMETERY OR CREMATORY <u>Mt. Zion</u>		LOCATION (City, town, or county) (State) <u>Carroll Co Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>Nov. 23, 1955</u>		REGISTRAR'S SIGNATURE <u>Blanche A. Kunkler</u>		24. FUNERAL DIRECTOR <u>Co. M. Grady</u>		ADDRESS <u>Wilmington, Md.</u>	

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

24

24

24

10831

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	LENGTH OF STAY (In this place) 3 wks.	GIVE outside corporate limits, write RURAL and give nearest town) Unionville	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Mem. Hospital	STREET ADDRESS (If rural give location) Unionville		
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year) OF DEATH:	
(First) Rhoda	(Middle)	(Last) Wilt	Nov. 12, 1955
5. SEX: female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH: 10-7-1877
9. AGE last birthday 78 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife		10B. KIND OF BUSINESS OR INDUSTRY: home	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME: David Bloom		14. MOTHER'S MAIDEN NAME: Helena Barber	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT & ADDRESS: Claude A. Wilt, Unionville, Md.			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) Cerebral Hemorrhage		3 wks	
ANTECEDENT CAUSE (B) Arteriosclerotic Cardiovascular Disease		? yrs	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from 10/23, 1955 , to 11/12, 1955 , that I last saw the deceased alive on 11/12, 1955 , and that death occurred at 5⁰⁰ A M, from the causes and on the date stated above.			
SIGNATURE Henry V. Chase		DATE SIGNED 11/12/55	
ADDRESS 48 Church St. Frederick		M. D. 48 Church St. Frederick	
23. BURIAL, CREMATION, REMOVALS (SPECIFY) BURIAL		DATE THEREOF 11-15-1955	
NAME OF CEMETERY Linganore		LOCATION (City, town, or county) (State) Unionville, Maryland	
DATE REC'D BY LOCAL REGISTRAR 15 Nov. 1955		REGISTRAR'S SIGNATURE Elizabeth B. Heek	
24. FUNERAL DIRECTOR C. M. Waltz		ADDRESS Winfield, Maryland	

MARGIN RESERVED FOR BINDING

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. T.

NOV 16 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH
10854 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10857

Reg. Dist. No. 144

1. PLACE OF DEATH - COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>MD</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Thurmont</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Thurmont</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>William</u> (Middle) <u>Cover</u> (Last) <u>Yungling</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>November 16 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 3-1910</u>
9. AGE last birthday <u>45</u> yrs.		10. AGE last birthday If under 1 year If under 24 hrs. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Contractor</u>	
11. BIRTHPLACE (State or foreign country) <u>MD</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. FATHER'S NAME <u>Wm Yungling</u>		14. MOTHER'S MAIDEN NAME <u>Lillie Cover</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No. <u>818-07-8744</u>	
17. INFORMANT AND ADDRESS <u>Ether Yungling Thurmont MD</u>			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
802X Immediate cause (a) <u>Fracture of skull, spine</u>			<u>Immediate</u>
Antecedent cause(s) (b) <u>+ Crushed Chest</u>			
(c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY <u>MD R.R.</u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Nov. 16, 55 721 m.</u>		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	
		HOW DID INJURY OCCUR? <u>Laying on W. Md. R.R. Track Struck by engine</u>	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>			
SIGNATURE <u>B. Thomas MD Deputy Medical Examiner</u>		ADDRESS <u>Frederick MD</u> DATE SIGNED <u>11/16/55</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>Nov. 19. 55</u>	
NAME OF CEMETERY OR CREMATORY <u>Bethel Church of God Cem.</u>		LOCATION (City, town, or county) <u>Near Cascade MD</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 17 1955</u>		REGISTRAR'S SIGNATURE <u>Blanche S. Eyer</u>	
24. FUNERAL DIRECTOR <u>M.L. Creager & Son</u>		ADDRESS <u>Thurmont. MD</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

112-5-8244

BUREAU V. S.

NOV 21 1955

RECEIVED